

PROFESSIONAL DEVELOPMENT LEAVE APPLICATION, 2017-2018
DUE DATE: October 3, 2016*

Please check one period of time:

ONE SEMESTER (full pay) Fall 2017 Spring 2018 Summer 2018

TWO SEMESTERS (half pay) Fall 2017/Spring 2018 Spring 2018/ Summer 2018

OTHER If other, provide period of time for which leave is requested _____

NAME OF EMPLOYEE _____ EMPL ID _____

DEPARTMENT _____ MAIL CODE _____

COLLEGE _____

EMAIL ADDRESS _____

PRESENT POSITION TITLE AND JOB CODE _____

DATE OF ORIGINAL FSU APPOINTMENT _____

IS CURRENT APPOINTMENT FUNDED FROM STATE BUDGET Yes No

AUXILIARY BUDGET? Yes No SPONSORED RESEARCH BUDGET? Yes No

If leave will be funded from a contract or grant, this application must have the approval and signature of the Vice President for Research to determine if leave is permitted.

Project Funding Number _____ Position Number _____

Approve Disapprove

Vice President for Research (Contract and Grant funded only)

HAVE YOU PREVIOUSLY HAD A PROFESSIONAL DEVELOPMENT LEAVE AT FSU? Yes No

NUMBER OF YEARS SINCE LAST PROFESSIONAL DEVELOPMENT LEAVE _____

(An employee is not normally eligible for another professional development leave until she or he has completed at least **three years** of full-time service following the previous leave; employees may apply, or re-apply, at the beginning of the third year of service for a leave to be effective the fourth year.)

I agree to comply with the conditions of the Professional Development Leave Program as set forth in the memorandum to be sent to eligible faculty and A&P employees. These conditions include returning to University employment for at least one academic year following the professional development leave and providing a written report to the Vice President for Faculty Development and Advancement within 60 days after the start of the next academic year semester and to my supervisor as part of my annual evaluation review. The report will include information regarding my activities during the leave as they benefit the University and me and research or other scholarly work produced or expected to be produced as a result of the leave.

Signature of Employee

RECOMMENDATION:

APPROVAL DISAPPROVAL

Department Chair/Supervisor _____ Print Name _____

APPROVAL DISAPPROVAL

Dean/Director/Vice President _____ Print Name _____

Your 2-3 page proposal should:

- detail how this leave will benefit the University, your department, and you;
- provide a clear description of the project and the activities in which the applicant will engage;
- explain how the time frame is appropriate for this project;
- detail expected outcomes;
- include a current vitae; and
- be submitted by your chair, director, or academic dean.

*Completed applications should be submitted by email to Ms. Ann DelRossi at adelrossi@fsu.edu or delivered to 115 Westcott.