



Professional Leave Form

Faculty Requesting Leave:

FACULTY NAME _____

COURSE _____

DATE(S) _____
(please list individual dates)

HOURS _____

Core and Ranked Adjunct faculty are eligible for professional leave. Professional leave must be **approved by the Department Chair no later than three weeks prior** to the leave and **approved by the Provost no later than two weeks prior** to the leave. Core faculty are eligible for a maximum of five professional leave days per semester. Ranked Adjunct faculty are eligible for a prorata percentage of five professional leave days per semester.

Description of leave activity: _____

Faculty Signature

Date

**Please refer to page 32 and 33 of the Collective Bargaining Agreement 2007-2011 for more information on faculty leave policies. Paid leave does not apply to the summer session.*

Faculty Replacement:

NAME _____

SSN (last five digits) _____

Please circle one: Core Faculty Ranked Adjunct Faculty Adjunct Instructor Outside Replacement*

COMMENTS _____

Department Chair Signature

Date

Provost Signature

Date

Replacement Faculty Signature

Date

***Substitutes who are not in the employee database must contact HR at 726-5082 to schedule a time to complete new hire paperwork and provide proof of eligibility to work in the U.S. prior to working.**