

APPLICATION FOR PROFESSIONAL IMPROVEMENT LEAVE

With Full Pay ()

With Half Pay ()

Without Pay ()

Banner Number: _____

Begin Date: _____

End Date: _____

Faculty Member

Title

Department

Vita attached (required)

Course or kind of study to be undertaken and where:

State briefly how the University may benefit from this training (*Attach additional sheet if necessary*):

Employment Date: _____

Total years of full-time service: _____

Prior PIL Dates:

Specific dates: _____ With Pay

Without Pay

Specific dates: _____ With Pay

Without Pay

Specific dates: _____ With Pay

Without Pay

List source and amount of any stipend during this period of study:

If this is an Application for Leave with pay, I agree to return to the University for a period of at least one year following this leave of absence. If tenure-track faculty member, time off will will not be counted toward tenure.

Faculty Signature _____ Date _____

Identify proposed financial and personnel arrangements to insure that the employee's work will be accomplished during the leave period:

Recommended:

Department Head _____ Date _____

Dean _____ Date _____

Approved:

Provost _____ Date _____

As stated in the Faculty Handbook: *A faculty member granted professional improvement leave with pay must submit a written report of his or her activities and accomplishments to his or her dean and the Provost by the end of the first semester after returning to campus.*