SYRACUSE UNIVERSITY

OFFICE OF ACADEMIC AFFAIRS

**RESEARCH/STUDY LEAVE APPLICATION**

**A. APPLICANT/LEAVE INFORMATION**

Applicant Name**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last

Tenure Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Initial Appointment at Syracuse University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Tenured/Tenure Track/Non-Tenure Track)

School/College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please read the section in the Faculty Manual on leaves of absence, and any college-specific guidelines.

2. Attach: a. a current, full curriculum vitae;

b. a one-two page statement describing how leave time is to be used; why time off from regular duties is warranted;

any institutional affiliations and/or collaborators; the goals, significance and expected results of the leave;

and the results of your most recent leave (if any).

c. information regarding any applica­tions for outside funding, completed or pending, and expected notification dates;

or indicate, with supporting letter from your chair, why such application is not appropriate in your case.

3. Note that among the schools and colleges, deadlines for submitting applications and procedures may vary.

4. **Check one:**

I have applied for external funding and am requesting a leave only if I receive such support. (Fill out section 4a.)

I have not applied for external funding. (Fill out section 4b.)

I have applied for external funding and am requesting a leave whether or not I receive support. (Fill out sections 4a and 4b.)

Explain any special circumstances which affect the amount of support requested:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a**.** Request leavewith external funding for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with \_\_\_\_\_\_\_\_\_\_\_\_ salary from the University and \_\_\_\_\_\_\_\_\_\_ benefits.(specifytime period)(full/half/no/other) (no or full)

If salary is other, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Request leave without external funding for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with \_\_\_\_\_\_\_\_\_\_\_\_ salary from the University and \_\_\_\_\_\_\_\_ benefits.

(specifytime period)(full/half/no/other) (no or full)

If salary is other, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**For Departmental or Dean’s Office Use Only With Externally Funded Leaves:**

First Semester of Leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ (If applicable) Second Semester of Leave \_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_

Sources of Salary (check all that apply):Sources of Salary (check all that apply):

Grant administered through SU: \_\_\_ full Grant administered through SU: \_\_\_ full

\_\_\_ partial \_\_\_ half \_\_\_ partial \_\_\_ half

Grant to individual directly: \_\_\_ full Grant to individual directly: \_\_\_ full

\_\_\_ partial \_\_\_ half \_\_\_ partial \_\_\_ half

Syracuse University home unit \_\_\_ full Syracuse University home unit \_\_\_ full

\_\_\_ partial \_\_\_ half \_\_\_ partial \_\_\_ half

\_\_\_ none \_\_\_ none

**B. RECOMMENDATIONS**

1. Department Chairperson or Dean: Please comment here or attach a statement of what arrangements will be made for carrying on teaching and research duties of the applicant -- including replacement costs (if any) requested. Provide an evaluation of this application and its priority in relation to others in your department or school/college.

Comments: (Or attach separate sheet)

**DEPARTMENT CHAIRPERSON'S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_

2. College/School/Committee:

Comments: (Or attach separate sheet)

**COMMITTEE CHAIRPERSON'S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_

3. Dean(s): Please check all appropriate box(es) and forward **a copy of the application** and all supporting

materials to the Office of Faculty Affairs by the following deadlines:

* **Fall Semester or Academic Year-** October 26 of previous year
* **Spring Semester**- February 15 of previous year

I recommend the approval of this leave with external funding, as requested above.

I recommend the approval of this leave without external funding, as requested above.

I recommend the approval of this leave with modifications (see the attached memorandum) and have informed the

individual of the change(s) in terms under which I am recommending the leave.

Comments: (Or attach separate sheet)

**DEAN'S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_

If Dual Appointment,

**DEAN'S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_

**C. APPROVAL**

**VICE CHANCELLOR & PROVOST:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_

Revised 9/16/16 - OAA