

**SYRACUSE UNIVERSITY**

Faculty Research Leave of Absence Application

Please complete this form by typing in the gray areas, which will expand. Contact faculty affairs with questions.

# APPLICANT DETAIL:

Faculty Member Name       SUID# (not SS#)

Indicate your initial tenure-track date of appointment at Syracuse University:

Indicate if you are currently tenure, tenure-track, or 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. Note that among the schools and colleges, deadlines for submitting applications and procedures may vary.

3. Attach:

1. A current, full curriculum vitae;
2. 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).
3. 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.

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:

1. I am requesting leave **with** external funding:
   1. Indicate the specific timeframe using the year and if fall, spring, or academic year:
   2. Indicate if salary is full, half, partial, or no salary from the University:
   3. Indicate if full or no benefits:
   4. Add comments if needed:
2. I am requesting leave **without** external funding:
   1. Indicate the specific timeframe using the year and if fall, spring, or academic year:
   2. Indicate if salary is full, half, partial, or no salary from the University:
   3. Indicate if full or no benefits:

Add comments if needed:

5. Have you taken any research or administrative leaves in the last five years? If yes, decribe below:

| Semester | Salary Benefits | Purpose |
| --- | --- | --- |
|  |  |  |
|  |  |  |

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\_\_\_ partial \_\_\_ half | Grant administered through SU:  \_\_ full \_\_ partial \_\_\_ half |
| Grant administered through SU: \_\_\_ full\_\_\_ partial \_\_\_ half | Grant administered through SU:  \_\_ full \_\_ partial \_\_\_ half |
| Syracuse University home unit  \_\_\_ full \_\_\_ partial \_\_\_ half \_\_none | Syracuse University home unit  \_\_\_ full \_\_\_ partial \_\_\_ half \_\_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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. College/School/Committee:

Comments: (Or attach separate sheet):

COMMITTEE CHAIRPERSON'S SIGNATURE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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- November 15 of previous year
* Spring Semester- March 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9/2017 – Office of Academic Affairs