

# FACULTY SINGLE SEMESTER LEAVE

**POLICY:** Faculty Development Leaves: <http://www.umn.edu/regents/policies/humanresources/FacultyDevLeaves.html>

**PROCEDURES:** Administrative Procedures: <http://www1.umn.edu/usenate/policies/facdevleaveadmin.html>

- INSTRUCTIONS:**
- 1) Complete Faculty Single Semester Leave form and submit to department head
  - 2) If request is recommended by department head/chair, submit form to College screening committee
  - 3) Request is forwarded from college screening committee with priority ranking to the Dean/Vice Chancellor
  - 4) If request is approved, provide signed copies to :     Dean/Vice Chancellor     Department     Employee Benefits

Name in full		Social Security Number
Rank or Title		Classification No.
Department		College
Period of Single Semester Leave Requested	From:	Thru:

<b>Present Appointment Status:</b>			
Annual Full Time Salary Base \$ _____	Basic Term of Appointment (A,B,D,E,G,K,L,M,R,X) _____	9 to 10 mo. term paid over 12 <input type="checkbox"/> Yes – Term (BJ,DF,EH,GU,KW,LT,MN,RV,XY): _____ <input type="checkbox"/> No _____	Appointment Type <input type="checkbox"/> Probationary <input type="checkbox"/> Tenured

1a. Title of project:	b. Institution or location where single semester leave project would be conducted:
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2. Nature and significance of project in terms of scientific, scholarly or artistic value, and/or practical application:

3. Present state of knowledge or accomplishment on subject:

a. General status:

b. Your background or activities in this area:

4. Description of research design or project plan (*Include specific information on approach to the project, methods to be used, potential results, and why the Single Semester Leave will facilitate this activity*):

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(Continued)

5. List up to five of your recent personal publications or accomplishments (or equivalents) which may related to the project:

6. Plans for publication or other outcome as a result of this project:

7. Dates of previous leaves in the past 10 years:	Single Quarter/Semester:	Sabbatical:	Summer Faculty Research Appointment:	Other Leaves:
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8. Dates of anticipated future leaves:

- I will submit a report on my semester leave to the department head/chair and college dean/campus vice chancellor.
- In the event that I do not return to the University of Minnesota for a period at least equal to the period of the leave, I agree that:
  1. I will reimburse the University of Minnesota for any salary paid during the semester leave, and
  2. I will reimburse the University of Minnesota for its share of the retirement contributions and insurance premiums paid during the semester leave.
- I will not accept any other salary or compensation for services while on semester leave.

**Requested in accordance with the Board of Regents Policy on Faculty Development Leaves and the corresponding Administrative Procedures.**

Signature of applicant	Date
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Prepared By	Phone No.	Campus Address	Date
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Recommended – Provision for the applicant’s work will be made within the funds of the department Department Head	Date
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College Screening Committee	Rank or priority given this application	Total number of applications from this college
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Comments:

Signed	Date
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Approved – Dean/Vice Chancellor	Date
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