



APPLICATION FOR FACULTY DEVELOPMENT LEAVE

Applicant Information Section

Name: _____ Title: _____

Unit: _____

Dates of projected leave: From _____ to _____

Will other funding sources be used to supplement any aspect of the requested leave? Yes No

If yes, identify source of funds and how they could be used: _____

If no, do you plan to attempt to secure additional support funding? Yes No Identify the source of possible

funding and how it could be used: _____

Location(s) where leave will be taken: _____

Describe, in detail, your proposed development activities for which you are requesting leave: _____

How will this leave benefit you professionally? _____

How will this leave benefit Texas AgriLife Research? _____

The undersigned acknowledges an understanding of AgriLife's expectations that all recipients of a faculty development leave will return to service as a member of AgriLife for a period of at least two years following completion of the leave. The undersigned agrees not to accept employment from any other person, corporation, or government, unless the Board of Regents finds that it is in the public interest and that it otherwise meets requirements of law. It is understood that the leave of absence for faculty development will be subject to cancellation for violation of the conditions under which the leave was granted.

Signature of Applicant

Date

(Updated vita/resume should be attached to this application form before submitting to department head.)

Administrative Approval Section

Are funds and personnel available to permit assumption of the applicant's duties if the leave is granted? Yes No

RECOMMEND APPROVAL?

Yes

No

Unit/Department Head

Date

Yes

No

Chair, Faculty Development Review Committee

Date

APPROVED

NOT APPROVED

Director

Date

Additional comments: _____
