Application for Leave of Absence for Faculty and Academic Professionals

Applicant's Name: ____________________________  Title/Rank: ____________________________  Date: ____________________________

College: Architecture  Environmental Design  School/Division: ____________________________

Department: ____________________________  Number of Years of Continuous Service at ASU: ____________________________

Other Leaves of Absences Granted:

Leave Requested For:
☐ Academic Year 20 ______  -  ☐ Fiscal Year 20 ______  -  ☐ Six Months, Fiscal Year 20 ______  -

Permission is sought to ☐ count or ☐ exempt this leave of absence toward years of service for promotion, tenure/continuing status, and sabbatical leave. (The period of one year or less granted as a leave may be counted toward years of service for promotion, tenure/continuing status, and sabbatical leave when the leave is in the best interest of the faculty member and the University. Leaves granted purely for personal reasons having no significant relationship to the professional activity of the faculty/academic professional member may be exempted from the probationary period, if requested by the faculty member and deemed appropriate by the institution. Such exemption must be agreed to by both parties, in writing, at the time the leave is granted. A one-year leave granted for professional reasons, such as fellowships, visiting appointments, and research grants, will not interrupt the sequence of probationary years. Any additional leaves during the probationary period may be exempted from the probationary period. Such exemption must be agreed to by both parties, in writing, at the time the leave is granted.)

Reason for request for Leave of Absence: (State clearly and concisely the reason for your request for a leave of absence, benefits to be achieved, writing and publications planned, and other pertinent information.)

If granted a Leave of Absence Without Pay, I agree to abide by the terms of the Leave of Absence as set forth in the Academic Affairs Policies and Procedures Manual (ACD 707). I also agree to resign from all campus obligations, including committees at department, college, and university level during the term of the leave.

Applicant's Signature: ___________________________________________

APPROVALS:

Department Chair: ____________________________________________  Date: ______________

School or Division Director: ____________________________________________  Date: ______________

Dean: ____________________________________________  Date: ___________  Date Applicant Notified: _____________

If request is for extension beyond one year or for other unusual circumstances, further approval is required:

Provost (or designee): ____________________________________________  Date: ______________

Note: As soon as approval has been given and the applicant notified, a copy of this form and a copy of the letter notifying the applicant must be sent to the Office of the Provost for record-keeping purposes. Processing the Personnel Action Form is the responsibility of the applicant's home unit.