

UNIVERSITY OF NEVADA, RENO

**PROFESSIONAL DEVELOPMENT LEAVE LETTER OF SUPPORT FORM
TO ACCOMPANY SABBATICAL/FACULTY DEVELOPMENT LEAVE APPLICATION**

This **Letter of Support** provides ranking of the application (if there is more than one application from the same department or unit) by the supervisor. It includes a statement how the supervisor of the applicant expects that the approval of this leave application will benefit the department and/or unit and the university. It also includes statements expressing the extent of support for this application. The support letter outlines what impacts granting this leave may have on the program of the department and/or unit and what specific accommodations will be needed during the applicant's absence to minimize any negative impacts.

Name of Applicant:

I support this application

I do not support this application

Ranking within Department/Unit:

Total Number of Proposals:

Ranking of this Proposal:

Extent of support (5-Strongest possible; 4-Strong; 3-Mild; 2-Weak; 1-None)

Benefit to the department and/or unit and the university:

Impact on the program of the department and/or unit:

Accommodations needed during the applicant's absence to minimize any negative impacts:

Please attach a separate letter should you wish to provide more information.

Signature: _____

Printed name of the Supervisor: _____

Title: _____

Department/Unit: _____