

**SCHOOL OF EDUCATION
APPLICATION FOR PROFESSIONAL LEAVE FOR CLINICAL FACULTY**

Name:

Academic Title:

Department:

Effective date of initial appointment as a full-time clinical member of the faculty of Indiana University:

Periods of previous professional leave:

Periods of leave of absence other than professional leave:

With Pay—

Without Pay—

Indicate period for requested leave. (Options include one semester at full pay, a full academic year at half pay, or a divided leave as described in the documentation of professional leaves for clinical faculty.)

Action by Department Chairperson: Please attach a statement (a) evaluating the proposed project and (b) explaining scheduling adjustments that can be made within the department. The evaluation may be based on advice from a departmental committee, from colleagues, or from external evaluators. Whether or not the chairperson approves the application, it must be forwarded to the dean of the School.

I (do) (do not) recommend the approval of this professional leave project. (Attach explanatory memo.)

(Chairperson)

(Date)

(If necessary, attach extra sheets)

1. **Title of Proposed Professional-Leave Project.**

2. **Description of Project.** Describe your project below. Make clear the purpose of the project and explain its rationale. Provide enough detail on procedures, time schedule, and resources so that the plan can be judged for thoroughness of planning and for feasibility. Explain how you intend to allocate your time to the different tasks you plan to undertake.

PLEASE NOTE: If you have submitted a grant application for the project you wish to pursue while on professional leave, you may attach a copy and on this page and the following page fill in any information that is not contained in the grant application.

3. **Location of Project.** State the principal location of your project. Indicate plans for travel and arrangements for use of libraries, laboratories, or work with colleagues at other institutions. If you plan to work at other libraries, archives, institutions, laboratories, or the like, please indicate whether you have yet secured permission to do so.

4. **Applicant's Qualifications.** Summarize your academic background and accomplishments related to this project that bear upon its probable success. Attach a current curriculum vitae and other relevant data.

5. **Sources and Amounts of Funds.** List sources and amounts of funds in the form of grant, fellowship, allowance for expenses, or payment for services (including approved teaching) during the period of the professional leave. (Please note that such funds must be paid for services which are consistent with the professional leave program. Therefore, most regular teaching, consulting, or similar activities may not be used to supplement a professional leave stipend.)

6. **Value to the School of Education.** Explain how this leave will provide value to the School of Education. As part of this explanation, note how your project meets the guidelines for professional leaves described in the professional leaves policy.

7. **Signature of Applicant.**

I have read the School of Education rules governing the professional leave of absence. I agree not to accept any employment during the period of leave that has not been explained in this application. *In the event I do not return for at least one year immediately following the professional leave, I agree to reimburse Indiana University for any salary, retirement contributions, and insurance premiums paid during the professional leave.*

(Signature of Applicant)

(Date)

Recommendation of the Faculty Affairs Committee

Approve as proposed

Deny (explain)

Approve with conditions (explain)

Signature of the Chair of the Faculty Affairs Committee:

(Chair)

(Date)

Decision by the Dean of the School of Education

Approve

Deny

Comments:

Signature of Dean:

(Dean)

(Date)