

Faculty Leave Notice of Intent

NAME (Last, First, Middle Initial)	UIN	DATE PREPARED
TITLE	EMAIL	DEPARTMENT

FACULTY DEVELOPMENT OR PROFESSIONAL DEVELOPMENT LEAVE – COMPLETE SECTIONS A, C <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1 SEMESTER LEAVE AT FULL PAY</td> <td style="width: 50%; text-align: center;">2 SEMESTER LEAVE AT HALF PAY</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 01</td> <td style="text-align: center;"><input type="checkbox"/> 02</td> </tr> </table>	1 SEMESTER LEAVE AT FULL PAY	2 SEMESTER LEAVE AT HALF PAY	<input type="checkbox"/> 01	<input type="checkbox"/> 02	LEAVE OF ABSENCE CODES – COMPLETE SECTIONS A, B, C <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">DEPARTMENTAL LEAVE</td> <td style="width: 16.6%;">FELLOWSHIP LEAVE</td> <td style="width: 16.6%;">COURSE BUYOUT</td> <td style="width: 16.6%;">APPOINTMENT AT ANOTHER INSTITUTION</td> <td style="width: 16.6%;">OTHER</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 03</td> <td style="text-align: center;"><input type="checkbox"/> 04</td> <td style="text-align: center;"><input type="checkbox"/> 05</td> <td style="text-align: center;"><input type="checkbox"/> 06</td> <td style="text-align: center;"><input type="checkbox"/> 17</td> </tr> </table>	DEPARTMENTAL LEAVE	FELLOWSHIP LEAVE	COURSE BUYOUT	APPOINTMENT AT ANOTHER INSTITUTION	OTHER	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 17
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PAY PERIOD OF LEAVE	BEGIN DATE	RETURN DATE	ACADEMIC YEAR SEMESTER AFFECTED	FALL	SPRING
	M D Y	M D Y		Y Y	Y Y

A	THE REASON FOR OR SPECIFIC PURPOSE OR PROPOSED LEAVE	
	OTHER SOURCES OF INCOME AND AMOUNT WHILE ON LEAVE:	LOCATION WHILE ON LEAVE:
	IS THIS AN EXTERNALLY SUPPORTED LEAVE? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME OF SPONSOR:	WILL YOU REQUEST A SALARY TOP-UP? <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT AMOUNT?

B	DISPOSITION OF WORK (IN CONSULTATION WITH YOUR DEPARTMENT HEAD, BRIEFLY SUMMARIZE HOW YOUR TEACHING, RESEARCH, AND SERVICE RESPONSIBILITIES WILL BE MANAGED BY THE DEPARTMENT DURING YOUR LEAVE).	
	TAMU COMPENSATION WHILE ON LEAVE: _____ <input type="checkbox"/> NO SALARY <input type="checkbox"/> FULL SALARY <input type="checkbox"/> OTHER _____	IS THIS AN EXTENSION OF A PREVIOUS LEAVE? <input type="checkbox"/> YES <input type="checkbox"/> NO

C	I hereby certify that I have read the College Faculty Leave Guideline and the System Regulations governing the award of faculty leaves, and that I shall accept the requested leave, if granted, under the conditions set forth in these regulations and shall continue my service at the University following said leave for a period of at least equal to the period of the leave.	
		SIGNATURE _____ DATE _____

REMARKS		
	PREPARED BY: _____	EMPLOYEE SIGNATURE _____ DATE _____

APPROVAL	DEPARTMENT HEAD _____ DATE _____	DEAN _____ DATE _____
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