



## Faculty Leave Notice of Intent Fellowship & Professional Development Leave

This form can be filled out with Adobe Acrobat and then printed for signatures.

Do not use this form if you are requesting approval for a course buyout.

Questions and completed forms can be directed to [liberalarts-research@tamu.edu](mailto:liberalarts-research@tamu.edu).

NAME (Last, First, Middle Initial)	UIN	DEPARTMENT					
TITLE	EMAIL						
LEAVE OF ABSENCE TYPE			WILL REPLACEMENT TEACHING BE NEEDED?				
DEPARTMENTAL LEAVE	FELLOWSHIP	APPOINTMENT AT ANOTHER INSTITUTION	OTHER				
			<table border="1" style="margin: auto;"> <tr> <td style="padding: 5px;">YES</td> <td style="padding: 5px;">NO</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table>	YES	NO		
YES	NO						
PERIOD OF LEAVE		ACADEMIC SEMESTER(S) AFFECTED					
BEGIN DATE	RETURN DATE	FALL	SPRING				
<b>A</b>	THE REASON OR SPECIFIC PURPOSE FOR LEAVE:						
	PROJECT TITLE/WORKING TITLE:						
	NAME OF SPONSOR/APPLICATION ORGANIZATION:						
	NAME OF PROGRAM:						
<b>LEAVE SUMMARY</b>	LOCATION WHILE ON LEAVE:	WILL YOU REQUEST A SALARY TOP-UP?*	FELLOWSHIP AMOUNT:				
		<table border="1" style="margin: auto;"> <tr> <td style="padding: 5px;">YES</td> <td style="padding: 5px;">NO</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table>	YES	NO			\$
YES	NO						

\* Salary top-up is not guaranteed and is subject to available funds as outlined in the college guidelines.

*Complete reverse side*

Revised 11/30/2020

<b>B</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).																		
	LEAVE OF ABSENCE		WILL THE AWARD BE ADMINISTERED BY TAMU?		IS THIS AN EXTENSION OF A PREVIOUS LEAVE?		DO YOU INTEND TO COMBINE THIS LEAVE WITH A FACULTY DEVELOPMENT LEAVE?												
		<table border="1" style="width: 100%; text-align: center;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> <tr> <td style="height: 30px;"> </td> <td style="height: 30px;"> </td> </tr> </table>		YES	NO			<table border="1" style="width: 100%; text-align: center;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> <tr> <td style="height: 30px;"> </td> <td style="height: 30px;"> </td> </tr> </table>		YES	NO			<table border="1" style="width: 100%; text-align: center;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> <tr> <td style="height: 30px;"> </td> <td style="height: 30px;"> </td> </tr> </table>		YES	NO		
YES	NO																		
YES	NO																		
YES	NO																		

*If further information is needed in order to process this request, the College of Liberal Arts will be in contact with you. Please promptly respond to requests for additional information.*

<b>C</b>	I hereby certify that I have read the College Faculty Leave Guidelines 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. I will complete the appropriate reporting processes (e.g. Conflict of Commitment, as appropriate).	
	I agree to notify the Department and College before accepting the award to ensure continuity of benefits.	
POLICY COMPLIANCE		
	Applicant Signature	Date

APPROVAL		
	Department Head Signature	Date
	Dean Signature	Date