

REQUEST FOR 6 \$ % % \$ 7 , & \$AVE OF ABSENCE

PART I FRPSOEHWHSO LFDQW

Applicant: _____ Department: _____

f Requests a leave assignment with full pay for the _____ 20__ semester

f Requests a leave assignment with half pay for the 20__ - 20__ academic year

By signing below, I agree that if I accept regular employment for pay during the period of leave specified above, such earnings will be deducted from expected University income with said deductions not exceeding expected income.

I also agree to return to the University of Southern Indiana for at least one academic year following the completion of leave. I have reviewed and agree to abide by the special leave conditions as outlined in the Faculty Handbook. I understand that this application will be reviewed by the appropriate committees and priority will be given to applications which involve an activity that will allow a faculty member to update KLV her knowledge, in order to accept another position with the University, RU WR EURDGHQ W IDFXOW\ PHPEHU↑V UDQJH RI WHDFKLQJ DUHDV

I also agree to submit upon completion of the leave of absence a report that includes pertinent activities and accomplishments during my leave.

Date

Signature

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PART III

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