

Requesting Academic Leave

University of Central Missouri

Academic leaves of absence are an important component of professional development at the University of Central Missouri. Academic leave is defined as: “an absence from regular academic duties at the University of Central Missouri in excess of two weeks for the purpose of promoting scholarly and/or creative professional development.” For complete information, please refer to the [UCM Faculty Guide](#) (University Policy Library > 2.2.020 Academic Leaves Policy).

Typically, to be eligible to request an academic leave, the faculty/academic staff member must have served the university for a period of at least two years of full-time service, unless program/university needs dictate otherwise.

Application for an academic leave must be made in writing, by the individual concerned, through the appropriate offices as listed on the Request for Academic Leave sheet and according to the timeline to request an academic leave.

DIRECTIONS: Please download, save, and complete the following form. When you are finished, please sign and date, and obtain the required signatures. It is highly recommended that you hand carry your completed and signed application to the Center for Teaching & Learning (CTL) in JCKL 1450.

Proposals for research leave must be submitted to the Office of Sponsored Programs for review by the University Research Council before submitting to the appropriate chairperson by December 1.

Deadline Dates	Action
By December 1	Requests submitted to the appropriate chairperson.
By December 15	Requests forwarded to the appropriate Dean with the Chair’s written recommendation and a paragraph describing the rationale for the recommendation.
By January 15	Requests forwarded to the Center for Teaching and Learning with the Dean’s written recommendation and a paragraph describing the rationale for the recommendation. Requests will be given to the Faculty Senate Professional Enhancement Committee (PEC) as soon as possible.
By February 8	Requests forwarded to the Provost with the Faculty Senate Professional Enhancement Committee’s written recommendation.
By March 1	Requests forwarded to the President with the Provost’s written recommendation.
By April 1	Applicants will be notified of the results of this process by April 1 or as soon as possible following the University President’s action.

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Date: _____

Leave Request Funding:

Name: _____

____Funded ____Unfunded

Department: _____

Requested Leave Type?

Rank/Discipline: _____

____Study

Office Phone: _____ Address: _____

____Research* (additional steps required)

Email: _____

____Exchange/Prof. Enhancement

Years of Service at UCM: _____

____Sabbatical

I. Previous Leave Applications: (Give date, type and results of application)

II. Length of Requested Leave

____Academic year: Fall ____ Spring ____ Summer ____

____ One Semester: _____ Semester of _____(year)

____ Summer: _____(year)

III. Please attach to this application, a statement to include the following:

- A. Detailed plan of what is to be done, where, when, why, with whom.
- B. Explanation of outside employment during leave- contracts, stipends, grants, assistantships/fellowships, any other sources of external funding.
- C. Explanation of how this leave will contribute to your professional development.
- D. Explanation of benefits to UCM, your college, your school, your students.
- E. Explanation of how you will share your accomplishments upon return from your leave.
- F. Documentation-please attach all supporting documentation (i.e. letters of acceptance, agreements, etc).

IV. Please have your immediate supervisor attach a statement of how your responsibilities will be covered during your leave. It must include any specific requests for replacement funds.

Certification: To the best of my knowledge, I am eligible for the leave I have requested. I have read the University regulations concerning my obligations to the institution and limitations on funding.

Applicant's Signature

Date:

Administrative Action:

University Research Council's Action:

(Only required for Research Leave applicants): _____
(Signature) (Date)

____ Not Applicable ____ Recommend Approval ____ Recommend Disapproval

Department Chair's Action: _____
(Signature) (Date)

____ Recommend Approval ____ Recommend Disapproval

Dean's Action: _____
(Signature) (Date)

____ Recommend Approval ____ Recommend Disapproval

Professional Enhancement Committee Action: _____
(Signature) (Date)

____ Faculty member has provided a sufficient explanation how the leave contributes to his/her professional development.
____ Faculty member has provided a sufficient explanation of the benefits to UCM, the college, department, and students.
____ Faculty member has provided a plan for sharing his/her accomplishments upon return from leave.

____ Recommend Approval ____ Recommend Disapproval

Provost's Action: _____
(Signature) (Date)

____ Recommend Approval ____ Recommend Disapproval

President's Action: _____
(Signature) (Date)

____ Recommend Approval ____ Recommend Disapproval

To be completed by HR

____ Banner entry complete

____ Applicable Academic Year

Notes: