

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 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 Professional Enhancement Committee (Faculty Senate Office).

Proposals for research leave must be submitted to the Graduate Education and Research Office for review by the University Research Council before submitting to the appropriate chairperson by October 15

For a complete schedule of deadlines for submission, visit the University Policy Library, 2.2.020 Academic Leaves Policy, Section III "General Procedures and Submission Deadlines".

<https://www.ucmo.edu/offices/general-counsel/university-policy-library/policies/academic-leaves-policy>

Requesting Academic Leave
University of Central Missouri

Date: _____

Name: _____

Department: _____

Rank/Discipline: _____

Office Phone: _____ Address: _____

Email: _____

Years of Service at UCM: _____

Leave Request Funding:

Funded Unfunded

Requested Leave Type?

Study

Research* (additional steps required)

Exchange/Prof. Enhancement

Sabbatical

Fulbright Award (attach award notice & contract)

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: _____

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: