

LEAVE OF ABSENCE – FACULTY
Application Deadline to Chairs: October 3, 2011
Application Deadline to Greg Warden: October 7, 2011

NAME: _____ RANK: _____ SMU ID: _____

DEPARTMENT/DIVISION: _____ SCHOOL: _____

LEAVE TO BEGIN _____ LEAVE TO END _____
Month Day Year Month Day Year

Attach to this form: Current Vita, Purpose of the Leave, and if appropriate, Description of Activity to be undertaken.

Check the benefits below which you want in force while you are on leave. All other benefits will be suspended during your leave. If you are unsure which benefits you currently have, please check with the Benefits Office. This must be accurate. It is the only form of communication which the Benefits Office will have to initiate action on your behalf.

_____ Comprehensive Medical and Surgical Policy	_____ Cancer Insurance
_____ Group Life Insurance	_____ Dental
_____ Group Accident Insurance	_____ Retirement*
_____ Tax Shelter Annuity	_____ Other (list)

Any change in status (i.e., faculty member to pay full premium, etc.)

Address during leave to forward letters and documents that require attention:

Provide leave application history (i.e., semester, year, normal or special, whether leave was approved or denied).

To be completed by Department/Division Head and/or Dean:

Leave to be without salary* _____ Leave to be with salary _____

Provide specific details:

Leave period will _____/will not _____ be counted toward service for tenure.
If not applicable, please indicate: _____

***PLEASE NOTE:** Federal regulations prohibit the University from contributing and receiving contributions to retirement plans of a faculty member whose leave is **without** pay, unless the University will be administering payment of a grant to the faculty member while on leave.

Signature of Applicant

Date

APPROVED:

Department/Division Head: _____
Date

Dean: _____
Date

Provost: _____
Date