

Administrative  
Tenure Track  
Research  
Special Research

## LEAVE OF ABSENCE - FACULTY

**NAME:** \_\_\_\_\_ **RANK:** \_\_\_\_\_ **SMU ID:** \_\_\_\_\_

**DEPARTMENT/DIVISION:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**LEAVE TO BEGIN** \_\_\_\_\_ **LEAVE TO END** \_\_\_\_\_  
*Month Day Year Month Day Year*

*Attach to this form: Current CV, Statement of Purpose of Leave, Activity to be Undertaken while on Leave, Department Chair Letter in Support of Leave*

**If you are going on PAID LEAVE, all of your benefits remain in place. If you are going on UNPAID LEAVE, please check the benefits below which you want in force while on UNPAID LEAVE. WHILE YOU ARE ON UNPAID LEAVE YOU WILL BE RESPONSIBLE FOR THE FULL INSURANCE PREMIUMS.** 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.

Medical	Supplemental Life Insurance
Dental	Spouse Supplemental Life Insurance
Vision	Dependant Supplemental Life Insurance
Group Accident Insurance	Group Accident Insurance

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 Eject Department/Division Head:**

Leave to be without salary\* \_\_\_\_\_ Leave to be with salary \_\_\_\_\_

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" State Percentage of annual salary faculty member will receive while on leave  
" " "

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If yes, please initial your acknowledgement that your tenure clock has been extended one year

**\*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*