LEAVE OF ABSENCE - FACULTY

☐ Tenure Track ☐ Research ☐ Administrative ☐ Special Research

NAME: _____ **RANK:** _____ **SMU ID:** _____

DEPARTMENT/DIVISION: _____ **SCHOOL:** Dedman College

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

Attach to this form: Current Vita, written leave request and/or research proposal, 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
_____ Group Life Insurance
_____ Group Accident Insurance
_____ Tax Shelter Annuity
_____ Cancer Insurance
_____ Dental
_____ Retirement*
_____ 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 _____
State percentage of annual salary faculty will receive while on leave _____

Department/Division Chairs need to indicate how the faculty member's salary will be paid during their leave (faculty salary line, grant, etc.)

_____

Will leave period affect tenure clock: _____Yes _____ No
Please note that a period of leave will extend the tenure clock only in accordance with SMU Policies 6.13, 6.13.1, and 6.14.

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