

Name SMU ID#

Job Title **Dean's Office Staff Contact**

1. Faculty Home School / Department

College/School Department Percent Time

2. Leave request information (See UMP 2.13 for further information on faculty leaves)

Leave Type: Term:

Or Enter Custom Dates: Begin Date End Date

If you are combining with a second leave, please complete:

Term:

Or Enter Custom Dates: Begin Date End Date

WILL THIS REQUEST AFFECT TENURE CLOCK? Initial Acknowledgement of the tenure clock statement:

All faculty leaves other than administrative, childbirth, parental, and medical, require the following attachments:

- 1) written proposal of the research to be completed 2) current CV 3) departmental chair letter of support of leave

3. Leave to be: Explanation of Partial Salary:
 (For example: 1/2 salary, salary
 less amount of stipend or
 fellowship received)

If PAID LEAVE, all benefits remain in place. If UNPAID LEAVE, you will be responsible for full insurance premiums. Please check with Benefits Office if you have any questions.

To be completed by department administrator

4a. Hire Date / Faculty Service Date: _____

b. Previous leave history:

To be completed by department head

5a. Teaching arrangements:

b. Instructional and service-related activities that will remain:

Signatures

Requestor Date

Department Chair Date

Director Date

Dean Date

Executive Action

Comments:

Associate Provost for Faculty Affairs

Date