

|   |  |
|---|--|
| <b>Route this form to:</b><br><br>See Routing<br>Instructions Below | <b>U Wide Form</b><br>UM 21<br><br><b>Rev: 08/24</b> |
|---|--|

## Faculty Single Semester Leave

1. Complete Faculty Single Semester Leave Form and submit to department head.
2. If request is recommended by department head/chair, submit form to college screening committee.
3. Forward request, with priority ranking, from college screening committee to the Dean/Vice Chancellor.
4. If request is approved, provide signed copies to:  Dean/Vice Chancellor  Department  Employee Benefits
5. Enter approved leave information into PeopleSoft prior to the beginning of the single semester leave.

For more information, see Board of Regents Policy: *Employee Development, Education, and Training* at <https://policy.umn.edu/policy-regents/employee-development-education-and-training> and the University Administrative Policy: Faculty Development Leaves at <https://policy.umn.edu/hr/facleaves>.

### Applicant Information

|                                       |   |  |
|---------------------------------------|---|--|
| Name                                  |   | Empl ID  |
| Rank or Title                         |   | Job Code   |
| DeptID                                | Entity  | College  |
| Start Date of Requested Leave         |   | End Date of Requested Leave  |
| Annual Full-Time Base Salary          | Basic Term of Appointment                       | 9 to 10 mo. term paid over 12?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Appointment Type                      |   |  |
| <input type="checkbox"/> Probationary | <input type="checkbox"/> Clinical Scholar       | <input type="checkbox"/> Annually Renewable  |
| <input type="checkbox"/> Tenured      | <input type="checkbox"/> Multiple-Year Contract | <input type="checkbox"/> Yearly Appt – Med School  |

### Project to be Conducted During Leave - attach additional information if necessary

|   |   |
|---|---|
| Title of Project:   | Institution or Location where project would be conducted: |
| Nature and significance of project in terms of scientific, scholarly, or artistic value, and/or practical application:  |   |
| Present state of knowledge or accomplishment on subject – General status:   |   |
| Present state of knowledge or accomplishment on subject – Your background or activities in this area:   |   |
| Description of research design or project plan (include specific information on approach to the project, methods to be used, potential results, and why the Single Semester Leave will facilitate this activity): |   |

List up to five of your recent personal publications or accomplishments (or equivalents) which may be related to the project:

Plans for publication or other outcome as a result of this project:

**Dates of previous leaves in the past 10 years**

|                          |             |                                       |        |
|--------------------------|-------------|---------------------------------------|--------|
| Single Quarter/Semester: | Sabbatical: | Summer Faculty Research Appointment : | Other: |
|--------------------------|-------------|---------------------------------------|--------|

Dates of anticipated future leave requests, if known:

- I will submit a report on my semester leave to the department head/chair and college dean/campus vice chancellor within three months of returning.
- In the event that I do not return to the University of Minnesota for a period at least equal to the period of the leave, I agree to the following terms except in the case a waiver is granted:
  1. I will reimburse the University of Minnesota for any salary paid during the semester leave, and
  2. I will reimburse the University of Minnesota for its share of the retirement contributions and insurance premiums paid during the semester leave.
- I will not accept any other salary or compensation for services while on semester leave.

**Requested in accordance with Board of Regents Policy: *Employee Development, Education, and Training* and the University Administrative Policy: *Faculty Development Leaves*.**

|                |              |
|----------------|--------------|
| Signature      | Date         |
| Prepared By    | Date         |
| Campus Address | Phone Number |

**Recommended** – (*Provision for the applicant’s work will be made within the funds of the department.*)

|                           |      |
|---------------------------|------|
| Department Head Signature | Date |
|---------------------------|------|

**College Screening Committee**

|  |   |
|--|---|
| Rank or priority given this application: | Total number of applications from this college: |
| Comments:                                |   |
| Signed                                   | Date  |

**Approved**

|                                |      |
|--------------------------------|------|
| Dean/Vice Chancellor Signature | Date |
|--------------------------------|------|