**U Wide Form**

UM 1633

**Rev:** 09/19

**Route this form to:**

See Routing Instructions Below



# Professional Development Leave For

# Academic Professional and Administrative

**Employees**

## Complete UM 1633: P&A Development Leave form and submit to responsible administrator.

1. *If request is approved, signed copies are maintained by the:*

|  |  |  |
| --- | --- | --- |
| *[ ]  Responsible Administrator* | *[ ]  Department* |  |

1. *Enter approved leave information into PeopleSoft prior to the beginning of the development leave.*

*For more information, see the Board of Regents Policy: Employee Development, Education, and Training and the University Administrative Policy/Procedures: Professional Development for Academic Professional and Administrative Employees.*

#### Applicant Information

|  |  |
| --- | --- |
| Name | Empl ID  |
| Title | Job Code  |
| DeptID  | Entity | College/Administrative Unit |
| Start Date of Requested Leave | End Date of Requested Leave |
| Annual Full-Time Base Salary  | Appointment Term | 9 to 10 mo. term paid over 12[ ]  Yes[ ]  No | Appointment Type[ ]  K [ ]  G [ ]  L[ ]  J [ ]  H [ ]  M [ ]  Z  |

|  |
| --- |
| Type of Development Leave [ ]  Mini-Leave [ ]  Short-term Leave [ ]  Extended Leave  |
| List Applicable Years of Service for Eligibility: |

#### Leave Information – attach additional information if necessary

|  |
| --- |
| Reason for Requesting Leave: |
| Location of Leave: |
| Outline of Program/Studies or Other Work Proposed: |

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|  |
| --- |
| List other income to be received during development leave including any grant or scholarship monies: |

#### Dates and types of previous development leaves – Attach any corresponding “Report of Leave” documents, if available

|  |  |
| --- | --- |
| Mini Leave: | Short-term Leave: |
| Extended Leave: | Other: |

* I will submit a report on my development leave to the responsible administrator within approximately one month 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 following terms except in the case where a written waiver is granted:
1. I will reimburse the University of Minnesota for any salary paid during the development leave, and
2. I will reimburse the University of Minnesota for its share of the retirement contributions and insurance premiums paid during the development leave.
* I have disclosed all other salary or compensation for services to be received during this leave.

Requested in accordance with the Board of Regents Policy: *Employee Development, Education, and Training* and theUniversity Administrative Policy/Procedures: *Professional Development for Academic Professional and Administrative Employees.*

|  |  |
| --- | --- |
| Applicant Signature | Date  |
| Campus Address | Phone Number  |

#### College/Administrative Unit Screening Committee, if appropriate

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

**Approved**

|  |  |
| --- | --- |
| Responsible Administrator Signature | Date |

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