

Application for Professional Improvement Leave

University of Massachusetts Boston

To be completed by Applicant

1. Name _____

2. Department _____

3. Title _____

4. Working Title _____

5. Employment History

6. Type of Leave Requested

a. Initial University Appointment _____

b. Appt. to Full-Time Professional Staff ____

c. Current appointment ends _____

d. Previous Leaves (please list on separate sheet any previous leaves indicating type and duration)

5 & 1/2 months - 24 weeks; full salary

11 months - 48 weeks; 1/2 saJary

up to 2 months - 8 weeks; full saJary

7. Proposed Leave Dates

From _____ To _____
And _____ To _____

8. Brief statement of purpose of Leave:

9. Please submit the following information:

- (a) Detailed proposal for Professional improvement Leave, outlining the benefits expected both to the University and to yourself;
- (b) Statement concerning location during Leave;
- (c) Additional information pertinent to your proposal (e.g., if you receive a fellowship or an invitation to conduct research, include correspondence);
- (d) Statement concerning additional support which may be required (University or external), the efforts you have made or will make to obtain such support and a budget for the proposal when such support is required;
- (e) Updated résumé.

I understand that if I receive approval for Professional Improvement Leave I must return to my duties at the University immediately following the expiration of the Leave for at least one full year (applicable to a 24 or 48 week Leave) or six months (applicable only up to an 8 week Leave) of service or return all funds (including salary) supplied by the University during the Leave period. I also understand that I shall be required to file a report of my Leave activities with my supervisor within 60 days following my return from Leave.

Signature of Applicant

Date

please see description of Professional Improvement Leave attached

please see back side (supervisor must complete)