

CHECKLIST

REQUEST FOR RESEARCH LEAVE OR LEAVE-WITHOUT-PAY

NAME OF FACULTY MEMBER _____

ACADEMIC AND TEACHING UNITS _____

_____ Completed and signed *Application for Leave of Absence: Part One, Faculty Member's Request*

_____ Completed and signed *Application for Leave of Absence: Part Two, Teaching Unit Recommendation*

_____ Detailed description of the proposed research or activity

_____ Final report from most recent leave

_____ Most recent annual report

_____ **Recommendation** from any designated review committee

_____ **Recommendation** from the teaching unit chair

_____ **Recommendation** from the academic unit dean

_____ Faculty members intending to engage in remunerative employment while on leave must attach a statement indicating sources and activities

_____ **Faculty Funding Authorization form:** required for any faculty position paid from restricted funds and for any changes to position funding