

SYRACUSE UNIVERSITY
OFFICE OF ACADEMIC AFFAIRS
RESEARCH/STUDY LEAVE APPLICATION

A. Applicant: _____ Date of initial appointment at Syracuse University: _____

School/College/Department: _____ SU ID#: (not SS#) _____

1. Please read the section in the Faculty Manual on leaves of absence, and any college-specific guidelines.
2. Attach:
 - a. a current, full curriculum vitae;
 - b. a two-page statement describing how leave time is to be used; why time off from regular duties is warranted; any institutional affiliations and/or collaborators; the goals, significance and expected results of the leave; and the results of your most recent leave (if any).
 - c. information regarding any applications for outside funding, completed or pending, and expected notification dates; or indicate, with supporting letter from your chair, why such application is not appropriate in your case.

3. Note that among the schools and colleges, deadlines for submitting applications and procedures may vary.

4. **Check one:**

- I have applied for external funding and am requesting a leave only if I receive such support. (Fill out section a.)
- I have not applied for external funding. (Fill out section 4b and see 2c above.)
- I have applied for external funding and am requesting a leave whether or not I receive support. (Fill out sections 4a and 4b.)

Explain any special circumstances which affect the amount of support requested:

a. Request leave with external funding for _____ with _____ salary from the University and _____ benefits.
specify time period full/partial/no no or full

b. Request leave without external funding for _____ with _____ salary from the University and _____ benefits.
specify time period full/partial/no no or full

5. Have you taken any administrative or research leave(s) within the five years preceding the proposed leave? No ___ Yes ___
If yes, describe: Semester(s) Salary and Benefits Purpose:

APPLICANT'S SIGNATURE: _____ **DATE:** _____

For Departmental or Dean's Office Use Only With Externally Funded Leaves:

First Semester of Leave _____ 200 _____

Sources of Salary (check all that apply):	
<input type="checkbox"/> Grant administered through SU:	___ full ___ partial
<input type="checkbox"/> Grant to individual directly:	___ full ___ partial
<input type="checkbox"/> Syracuse University home unit	___ full ___ partial ___ none

(If applicable) Second Semester of Leave _____ 200 _____

Sources of Salary (check all that apply):	
<input type="checkbox"/> Grant administered through SU:	___ full ___ partial
<input type="checkbox"/> Grant to individual directly:	___ full ___ partial
<input type="checkbox"/> Syracuse University home unit	___ full ___ partial ___ none

B. RECOMMENDATIONS

1. Department Chairperson or Dean: Please comment here or attach a statement of what arrangements will be made for carrying on teaching and research duties of the applicant -- including replacement costs (if any) requested. Provide an evaluation of this application and its priority in relation to others in your department or school/college.

Comments: (Or attach separate sheet)

DEPARTMENT CHAIRPERSON'S SIGNATURE: _____ **DATE:** _____

2. College/School/Committee:

Comments: (Or attach separate sheet)

COMMITTEE CHAIRPERSON'S SIGNATURE: _____ **DATE:** _____

3. Dean(s): Please check all appropriate box(es) and forward **two copies of the application** and **one** copy of all supporting materials to the Vice Chancellor and Provost's office by the following deadlines:

- **Fall Semester or Academic Year**-November 15 of previous year
- **Spring Semester**-March 1 of previous year

I recommend the approval of this leave with external funding, as requested above.

I recommend the approval of this leave without external funding, as requested above.

I recommend the approval of this leave with modifications (see the attached memorandum) and have informed the individual of the change(s) in terms under which I am recommending the leave.

DEAN'S SIGNATURE: _____ **DATE:** _____

If Dual Appointment,

DEAN'S SIGNATURE: _____ **DATE:** _____

C. APPROVAL

VICE CHANCELLOR FOR ACADEMIC AFFAIRS: _____ **DATE:** _____