PROFESSIONAL LEAVE 2018-19

All applicants must fill out this form in its entirety.

3.1.1.1 Full Name ____________________________________________

3.1.1.2 Department and Address (Complete address for urban campus faculty)

__________________________________________________________________________

__________________________________________________________________________

3.1.1.3 Official title

__________________________________________________________________________

3.1.1.4 Basis of present employment      Academic_____ Annual_____

          Full time_____ Part time_____ State_____ Extramural Funding_____ 

3.1.1.5 Date of initial appointment to permanent position ________________

3.1.1.6 Dates of previous leaves and leaves without pay. Include a summary of
where such leaves were spent and the academic accomplishments from
these leaves.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

3.1.1.7 Period of leave covered by application ____________________________

Please remember that professional leaves are competitive. The quality of
your proposal will be evaluated against the following criteria: value of the
project, including its originality and potential contribution; adequacy and
feasibility of the project in relation to the length of the leave period; clarity
and completeness of the proposal, including readability by a layperson and
references to relevant scholarship; project's potential for contributing to the
faculty member's professional development; and potential for
disseminating and/or applying anticipated development of curricular and
instructional activities.

3.1.1.8 Abstract of project not to exceed 50 words. Summarize the proposed
activities in clear, concise language understandable to a scholar outside
your discipline. Project locations must be indicated.
3.1.1.9 Detailed statement of leave plans (maximum of 5 pages plus bibliography with standard margins and font).

**Purpose and Significance:** Describe the nature and significance of the project including a concise statement of the objectives for the project and your aims in undertaking it.

**Work to be Accomplished:** Describe what you plan to do during the award period. Identify the location of the work and the persons, foundations, institutions, departments or organizations (if any) with whom you will work. Describe the professional activities to be undertaken in terms that an educated reader from outside your field can understand.

**Projected Results:** Describe the results that your project will have and how you will share your results with others (e.g., publication, presentation, exhibition, classes). Include, when possible, the time sequence for completion of individual project segments.

**Bibliography:** Publications of leave applicant or other exhibits relating to project. Brief background information or bibliography of professional and scholarly work in the area of the proposed project.

**Justification:** (maximum one page): Statement regarding value of project in terms of benefits to University following leave period. How will the project contribute to your teaching (be specific with course titles, number of students taught)? How will it contribute to your own scholarly development? How will this project benefit your department, college, and/or the University as a whole?

**Evidence of Effort of Intent to seek External Funding:** *All professional leave requests must be accompanied by an effort to secure external funding.* Please list the funding agencies to which you plan to apply and the deadlines for submission of proposals. In addition, list all grants and stipends, including those from the University, and other forms of compensation and assistance that will be available during leave period or for which application has been made.

3.1.1.10 List of universities, institutions, or other organizations, if any, with which you will be affiliated during leave period. Indicate the facilities and personnel of particular relevance to your project.
3.1.1.11 Salary during leave period to be covered from outside funds. Provide dollar amount and indicate the period covered.

3.1.1.12 A curriculum vitae that, at a minimum, highlights information about the progress made since the last professional leave.

3.1.1.13 Justification of all state-supported travel, if any, in terms of project. State may not support travel to and from your professional leave location.

3.1.1.14 Signed contract. See below.

3.1.2 Signed statement from the department chair (or equivalent), the dean, the academic director, and the Chancellor for faculty located at a urban campus. The statement should read:

“This professional leave is recommended with the understanding that the departmental or area operations will not be jeopardized by the awarding of this leave and that the granting of this leave will not result in any additional dollar cost to the University.”

3.1.3 If appropriate, signed statements from facilities and persons important to the success of the project to demonstrate their availability during the leave period.

3.1.4 Two letters of recommendation for the leave. Two letters (different to that/those required for 3.1.3), sent directly to the first-line supervisor, from persons who can evaluate the application. These letters may not be from administrative superiors. They should be from those familiar with the leave plans and professionally qualified to evaluate the proposal. Each of these letters must indicate that the project that will be undertaken during the leave is of high quality and reasonable scope. A letter that indicates only that the applicant is welcome to visit a laboratory, or that the applicant will be provided with certain amenities during a visit, is not acceptable as one of these letters. Such letters will be considered to apply to 3.1.3
In consideration of the award of professional leave in accordance with my previous request as approved by the Provost of the University, I agree to submit a written report of my activities during the leave through my department chair or appropriate immediate administrator to the Dean, with a copy to the Provost’s Office, by the appropriate due date (April 1 for those who return from leave on approximately January 1 or November 1 for those who return from leave on approximately August 16). I also hereby agree to refund or repay to Washington State University all salary, compensation, or remuneration received from the University during the period of my professional leave if, upon the conclusion of my leave or at the commencement of the succeeding semester, I fail to return to University service for a period at least commensurate with the amount of leave so granted.

This repayment agreement is entered into as compliance with RCW 28B.10.650. It is my understanding that Washington State University will not require, by virtue of this agreement, any refund or repayment obligations not required by law.

I do not, by virtue of this agreement, concede that RCW 28B.10.650 requires any refund or repayment obligation where failure to return to service is caused by death, illness, or factors beyond my control.

As an employee of Washington State University, I understand that I am bound by the University’s standards of faculty conduct, and Intellectual Properties policy as set forth in the Faculty Manual.

This agreement constitutes the complete, final and exclusive agreement regarding professional leave repayment between the employee and Washington State University. Further, there are no other agreements, verbal or written.

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| Provost | Date |

Note: Approved copies will be returned to employee, chair, dean, and chancellor.
3.1.2  “This professional leave is recommended with the understanding that the
departmental or area operations will not be jeopardized by the awarding of
this leave and that the granting of this leave will not result in any additional
dollar cost to the University.”

Approvals:

_________________________________________  Date

Department Chair

_________________________________________  Date

Dean

_________________________________________  Date

Academic Director

_________________________________________  Date

Chancellor (if applicable)  Date
RETRAINING LEAVE 2018-19
All applicants must fill out this form in its entirety.

3.1.1.1 Full Name ____________________________________________

3.1.1.2 Department and Address (Complete address for urban campus faculty)
________________________________________________________________________
________________________________________________________________________

3.1.1.3 Official title ____________________________________________

3.1.1.4 Basis of present employment Academic_____ Annual_____
Full time_____ Part time_____ State_____ Extramural Funding_____

3.1.1.5 Date of initial appointment to permanent position____________

3.1.1.6 Dates of previous leaves and leaves without pay. Include a summary of where such leaves were spent and the academic accomplishments from these leaves.
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

3.1.1.7 Period of leave covered by application _________________________

3.1.1.8 Abstract of project not to exceed 50 words. Summarize the proposed activities in clear, concise language understandable to a scholar outside your discipline. Project locations must be indicated.
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3.1.9 Detailed statement of leave plans (maximum of 5 pages, double spaced with standard margins and font). Describe the professional activities to be undertaken in terms that an educated reader from outside your field can understand. Specify clearly and fully the purpose and significance of the retraining including a concise statement of the objectives for the project and your aims in undertaking it. Describe what you plan to do during the award period. Identify the location of the work and the persons, foundations, institutions, departments or organizations (if any) with whom you will work. Describe the results that your project will have. Include, when possible, the time sequence for completion of individual project segments. Also, explain why this project requires a time commitment beyond that involved in the normal activities encompassed in teaching, research, scholarship, and service.

3.1.10 Salary during leave period and source of funds, including those from the University and outside funds for which application has been made. All requests for leaves must be accompanied by an effort to secure external funding. Please list the funding agencies to which you plan to apply.

3.1.11 Indication of previous work in area of retraining specialty, including bibliography of applicant's publications or related efforts.
3.1.1.12 Statement regarding value of project in terms of benefits to University following leave period. How will the project contribute to your teaching (be specific with course titles, number of students taught)? How will it contribute to your own scholarly development? How will this project benefit your department, college, and/or the University as a whole?

3.1.1.13 Signed contract. See below.

3.1.1.14 Please attach a curriculum vitae that, at a minimum, contains information about the progress made since the last professional leave, if any.

3.1.2 Signed statement from the department chair (or equivalent), the dean, the academic director and the Chancellor for faculty located at a urban campus reading:

“This professional leave is recommended with the understanding that the departmental or area operations will not be jeopardized by the awarding of this leave and that the granting of this leave will not result in any additional dollar cost to the University.”

3.1.3 Signed statements from facilities and persons important to the success of the project to demonstrate their availability during the leave period.
CONTRACT (Refer to 3.1.1.13)
WASHINGTON STATE UNIVERSITY
Retraining Leave Repayment Agreement

In consideration of the award of retraining leave in accordance with my previous request as approved by the Provost of the University, I agree to submit a written report of my activities through my department chair or appropriate immediate administrator to the Dean, with a copy to the Provost’s Office, by the appropriate due date (April 1 for those who return from leave on approximately January 1 or November 1 for those who return from leave on approximately August 16). I also hereby agree to refund or repay to Washington State University all salary, compensation, or remuneration received from the University during the period of my retraining leave if, upon the conclusion of my leave or at the commencement of the succeeding semester, I fail to return to University service for a period at least commensurate with the amount of leave so granted.

This repayment agreement is entered into as compliance with RCW 28B.10.650. It is my understanding that Washington State University will not require, by virtue of this agreement, any refund or repayment obligations not required by law.

I do not, by virtue of this agreement, concede that RCW 28B.10.650 requires any refund or repayment obligation where failure to return to service is caused by death, illness, or factors beyond my control.

As an employee of Washington State University, I understand that I am bound by the University’s standards for promotion and tenure, ethics policy, standards of faculty conduct and Intellectual Properties Policy, as set forth in the Faculty Manual.

This agreement constitutes the complete, final and exclusive agreement regarding retraining leave repayment between the employee and Washington State University. Further, there are no other agreements, verbal or written.

________________________________________________________________________
Employee Date
Approvals:

________________________________________________________________________
Department Chair Date

________________________________________________________________________
Dean Date

________________________________________________________________________
Chancellor Date

________________________________________________________________________
Provost Date

Note: Approved copies will be returned to employee, chair, and dean.
3.1.2  “This professional leave is recommended with the understanding that the
departmental or area operations will not be jeopardized by the awarding of
this leave and that the granting of this leave will not result in any additional
dollar cost to the University.”

Approvals:

________________________________________________________________________
Department Chair                                           Date

________________________________________________________________________
Dean                                                           Date

________________________________________________________________________
Academic Director                                           Date

________________________________________________________________________
Chancellor (if applicable)                                   Date