

Retraining Leave 2024-2025

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 required*)

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. (*Continue on attachment if necessary*)

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.

3.1.1.9 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.

- 3.1.1.10 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.
- 3.1.1.11 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. **Please see the last page.**
- 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, and the Chancellor for faculty located at a regional 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
Professional 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 Signature

Date of Employee's Signature

APPROVALS:

Department Chair or School Director

Date

Dean

Date

Chancellor (if applicable)

Date

Provost and Executive Vice President

Date

Note: Approved copies will be returned to employee, chair, dean and chancellor