

YEAR

Retraining Leave Application

All applicants must fill out this form in its entirety.

3.1.1.1 Full Name

3.1.1.2 Department and Campus/Location

3.1.1.3 Official Title

3.1.1.4 Basis of Present Employment Academic Annual 10-Month

Mark all that apply.

State Extramural Funding Full-Time Part-Time

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 of your discipline. Project locations must be indicated.

3.1.1.9 Detailed statement of leave plans (maximum of 5 pages with standard margins and font).
Please address the following in an attachment.

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 leave, including a concise statement of the objectives and your aims in undertaking this retraining. Describe what you plan to do during the award period. Identify the location of the work and the persons, foundations, institutions, departments, and/or organizations (if any) with whom you will work. Describe the results that your retraining leave will have. Include, when possible, the time sequence for completion of individual project segments. Also, explain why this retraining requires a time commitment beyond that involved in normal job responsibilities.

3.1.1.10 Salary during the 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 for those in disciplines where funding is an expectation. Please list the funding agencies to which you will apply during the retraining leave.

3.1.1.11 Indication of previous work in the area of retraining specialty, including bibliography of the applicant's publications or related efforts. Please submit the bibliography as an attachment.

3.1.1.12 Statement regarding the value of the project in terms of benefits to the University following the leave period. How will this retraining contribute to your professional development? For example, how will it 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 (page 4). **Please print, sign, and submit the contract as an attachment.**

3.1.1.14 A curriculum vitae that contains, at minimum, information about the progress made since the last professional or retraining leave, if any. **Please submit the CV as an attachment.**

Contract (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 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 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 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

APPROVALS

Department Chair or School Director

Date

Campus Academic Director (if applicable)

Date

Dean

Date

Campus Chancellor/VCAA (if applicable)

Date

Provost and Executive Vice President

Date

The following statement will be signed by administrators after they have received and approved the proposal.

3.1.2 A signed statement by the Department Chair or School Director, the Campus Academic Director (as applicable), the Dean, and the campus Chancellor/VCAA (as applicable). The statement reads:

“This retraining 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.”

Department Chair or School Director Date

Campus Academic Director (if applicable) Date

Dean Date

Campus Chancellor/VCAA (if applicable) Date