



PART-TIME FACULTY LEAVE OF ABSENCE APPLICATION

Part-time faculty requesting a leave should complete this form and contact labor relations or faculty affairs with questions.

All Adjunct United union members are eligible to request an unpaid leave of absence.

A. APPLICANT DETAIL:

Faculty Member Name SUID# (not SS#)

School/College Department

Indicate your initial tenure-track date of appointment at Syracuse University:

Indicate if you are currently tenure, tenure-track, or non-tenure-track:

1. Indicate if you are a member of Adjuncts United:
If yes, please read the section in the Adjuncts United Contract on leaves of absence, and any college-specific guidelines, then complete the below.
2. For the leave request without pay, specify the semester or year (cannot exceed one year) of you:

Date Leave Begins: Date Leave Ends:

3. Explain the purpose of the requested leave of absence:
4. Indicate yes or no if you have you taken any other leaves within the five years preceding the proposed leave:

If you answered yes, describe below:

Semester(s) <i>(e.g. Fall 2018, Spring 2019, AY 2018-19)</i>	Purpose

Applicant's Signature _____ Date: _____

B. RECOMMENDATIONS:

1. Department Chairperson/Dean: Please comment here or attach a statement of what arrangements will be made for carrying on teaching 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 of school/college.

Add comments or attach separate sheet

DEPARTMENT CHAIRPERSON'S SIGNATURE: _____ Date: _____

2. College/School/Committee:

Add comments or attach separate sheet

COMMITTEE CHAIRPERSON'S SIGNATURE: _____ Date: _____

3. Dean(s): Please check all appropriate statements and forward two copies of the application to the Vice Chancellors office by the following deadlines:

Fall Semester or Academic Year- December 1 of previous year

Spring Semester- March 15 of previous year

I recommend the approval of this leave as proposed.

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

DEAN'S SIGNATURE: _____ Date: _____

If Dual Appointment,

DEAN'S SIGNATURE: _____ Date: _____

C. APPROVAL

ACADEMIC AFFAIRS: _____ Date: _____