PROFESSIONAL LEAVE REQUEST

Name (Last, First Middle)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESCRIPTION OF THE REQUEST**

**(CHECK ONE):** ( )New

 ( ) Extend beyond period previously approved through \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

 ( ) Other (give explanation in "Summary of Project" below)

**REQUESTING** (Check One): ( ) 6 months @ full pay

 ( ) 12 months @ half pay

**FOR THE PERIOD** (Month/Day/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**⇒ SUMMARY OF PROJECT** (Please attach a detailed description)

* **CURRICULUM VITAE** (Please attach a current curriculum vitae)

**ELIGIBILITY**

A librarian must have completed six years of full‑time service to UMCP since the last professional leave to be eligible for another leave. Any period of Leave Without Pay will not count toward eligibility for professional leave.

**LIBRARIAN ATTESTATION**

Professional Leave is granted with the understanding that this leave will not substantially disrupt the efficient operation within the unit and that I shall return to UMCP at the termination of the leave to serve for at least one academic year/fiscal year. I have read the Professional Leave policy, and I will abide by it.

LIBRARIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPERVISOR’S RECOMMENDATION** (Please attach supporting letters)

\_\_\_\_\_\_ highly recommend \_\_\_\_\_\_ recommend \_\_\_\_\_\_ do not recommend

SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEAN’S RECOMMENDATION**

\_\_\_\_\_\_ highly recommend \_\_\_\_\_\_ recommend \_\_\_\_\_\_ do not recommend

DEAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Forward this form to the Associate Provost for Faculty Affairs, 1119 Main Administration Building**

APPROVAL FOR PRESIDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ VPAAP 05/01

**\*Upon receipt of this approval, it is the responsibility of the Department to enter leave dates into PHR.**