

TO BE COMPLETED BY FACULTY					
Name:			Dept. Name:		
Faculty Type:	Tenured/ TT Faculty		Temporary Faculty		
Request Type:	New Request		Extension of Current Leave		
Leave Type:	Full-Time Leave		Part-Time Leave <small>(percent of time base requested as leave):</small>		
Start of Leave:	Fall	Spring	Other:		
Return to Work:					
Reason for Professional Leave: <i>(choose one)</i>					
Research		Advanced Study		Professional Development	
Extension of Tenure Track Faculty RTP or Temporary Faculty Cumulative Evaluation: <i>(if applicable)</i>					
<u>Tenure Track Faculty</u> If eligible, based upon the length and type of your Leave of Absence, and you wish to request to extend your probationary period for one year, submit the Extend Probationary Period Request Form along with this LOA request.					
<u>Temporary Faculty</u> If eligible, based upon the length and type of your Leave of Absence and you are scheduled to have a cumulative Evaluation during the academic year of your leave, and you wish to request to postpone your Cumulative Evaluation, submit the Postponement of Cumulative Evaluation Request Form along with this LOA request.					
** All professional leaves require a statement of purpose. Please attach separate sheet(s). **					
Faculty Signature:					Date:

TO BE COMPLETED BY DEPARTMENT CHAIR				
Recommend Approval	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Comments:				
Department Chair Signature:				Date:

TO BE COMPLETED BY DEAN				
Recommend Approval	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Comments:				
Dean Signature:				Date:

INFORMATION ABOUT THE USE OF THIS FORM

Leave for which this form is appropriate: A professional leave of absence without pay may be for purposes of: research, advanced study, professional development, or other purposes of benefit to the campus.

INSTRUCTIONS

Faculty members are eligible to submit a written application for a leave of absence *without* pay in accordance with Article 22 of the Collective Bargaining Agreement.

**** Professional leave without pay may not be taken for outside employment. ****

Application Deadlines: (except in the case of family or medical emergency)

Fall Semester	April 1
Spring Semester	October 1
Other	Eight weeks prior to date of leave
Submit	Please submit this form, in its entirety, to the Director of Faculty Personnel

EXPLANATION OF TERMS

Leave of Absence	An absence from the campus in excess of 10 days, excluding pre-approved vacation, or any time on unpaid status. No service credit shall accrue toward probation, sabbatical eligibility, difference in pay eligibility, service salary increase eligibility, or seniority except as provided in provisions 22 of the Collective Bargaining Agreement.
Outside employment	A remunerative activity that does not contribute to the campus, is considered <i>personal</i> leave without pay.
Accruements	A faculty member on a professional leave without pay shall, when otherwise eligible, accrue service credit toward probation as well as maintain: sabbatical eligibility, difference in pay eligibility, service salary increase eligibility and seniority. Please refer Article 22 of the Collective Bargaining Agreement for additional information about maximum eligibility periods.
Statement of Purpose:	All professional leaves require a statement describing the purpose of the leave including: a description of the research project, study, fellowship or other professional activity and a statement of how this leave will serve the faculty member's development and benefit the University.
Extension of Tenure Track Faculty RTP	If eligible, based upon the length and type of your Leave of Absence, and you wish to request to extend your probationary period for one year, submit the Request to Extend the Probationary Period form along with this LOA request.
Extension of Temporary Faculty Cumulative Evaluation	If eligible, based upon the length and type of your Leave of Absence <i>and</i> you are scheduled to have a cumulative Evaluation during the academic year of your leave, and you wish to request to postpone your Cumulative Evaluation, submit the Postpone Cumulative Evaluation form along with this LOA request.

COMPLETE FIELDS AS FOLLOWS

Name	Name of Faculty applying for LOA
Department	Main department of above Faculty
Faculty Type	Choose one: Tenure/Tenure Track or Temporary Faculty.
Request Type	Choose one: New request or Extension of previous request.
Full or Partial Leave	Will the LOA be for full time or a partial leave? For partial Leaves please indicate the percentage of time you will be on leave. Please contact Faculty Affairs if needed.
Period of Leave	Period you will be on leave, Fall, Spring, or Academic Year.
Returning to Work	Date you will return to work after LOA.
Reason for Leave	Please choose one of the options. Be sure to address your option in your statement.

QUESTIONS/CONTACT

If you have any questions about completing this form, please call Faculty Affairs at 664-2192 (CRS 877-735-2929 TTY)

Please Email Completed Form to: [Sally Russo, Director of Faculty Personnel](mailto:Sally.Russo@sonoma.edu)