

UNIVERSITY OF NEVADA, RENO

PROFESSIONAL DEVELOPMENT LEAVE APPLICATION FORM

NAME:  
COLLEGE/  
DIVISION:

DATE:  
DEPARTMENT:

Type of Contract: A  B  Rank/Range:

Timeframe for Leave Being Requested: (1) Full year at two-thirds salary  (2) One-half year at full salary

Indicate semester): F  Sp  Summer  
(3) Less than one-half year at full salary . (Describe timeframe.)

Years of full-time salaried service at UNR since last professional development leave, including the present academic year, but not including leave without pay:

Date of last paid leave: Half year  Full year

Number of years since hire, or since last professional development leave:

A fifty to one hundred word summary of your proposal:

A brief assessment of the value of the leave to you, your department, the students and the university:

I agree to the obligations and conditions contingent to sabbatical/faculty development leave as set forth in the current University of Nevada, Reno, Administrative Manual and UNR Faculty Handbook, which includes the obligation of filing a written report with the Executive Vice President and Provost, the Academic Personnel Office, Dean/VP, and Department Chair or Supervisor. In accordance with NRS 284.345, if I am granted a leave, I agree to immediately return to paid employment with the University of Nevada, Reno for a period of time not less than that required by my most recent contract of employment.

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Signature of Applicant

*Note: Attach this cover sheet to your development leave application and supporting materials. This cover sheet with the original application and supporting materials and an electronic copy are due to the Department Chair or Supervisor by deadlines specified by the College or Unit. Final materials are due to the Provost's office by the 3<sup>rd</sup> Monday in September.*