

ACADEMIC LEAVE OF ABSENCE INFORMATION FORM

University of Rochester School of Medicine and Dentistry

This form may be digitally completed and signed.

PART I: To be completed by applicant

Name _____ Department _____

Components _____ Dates of Requested Leave _____, 20_____, _____, 20_____
From To

Institution where Leave will be spent: _____

Mailing Address: _____

Dates of Last Leave: _____, 20_____, _____, 20_____
From To

Acceptance of University contribution toward salary and benefits places an obligation on the recipient to return to the University at the conclusion of the leave.

_____, 20_____
Date

Signature of Applicant

PART II: To be completed by Chair

Current Faculty Salary: \$ _____

University Salary While on Leave: \$ _____

Current Distribution:

Distribution of Salary While on Leave:

FAO _____ %	from Benefits Pool _____ %
FAO _____ %	FAO _____ %
FAO _____ %	FAO _____ %
FAO _____ %	FAO _____ %
FAO _____ %	FAO _____ %

_____ Full University Benefits

_____ Other Benefits Arrangements (Explain) _____

How will faculty member's duties be covered? _____

A brief letter describing the program in which the faculty member will participate and how this program will enhance the faculty member's career and thus their value to the University must accompany this request.

_____, 20_____
Date

Signature of Chair

Submit electronically to: Jeffrey M. Lyness, M.D.
Senior Associate Dean for Academic Affairs
Jeffrey_Lyness@urmc.rochester.edu