

**UNIVERSITY OF NOTRE DAME**  
**Request for Leave of Absence**

**Fall:** 8/22 - 1/6  
**Spring:** 1/7 - 5/21  
**AY:** 8/22 - 5/21  
**CY:** 1/1-12/31

Name \_\_\_\_\_ Department \_\_\_\_\_  
Rank \_\_\_\_\_ Leave Dates \_\_\_\_\_

Normally the support requested from the University is an amount sufficient to make up the difference between external funding and the faculty member's nine-month salary if significant external funding is secured.

**Request if Funding Secured**

Fall       Spring       Academic (AY)       Calendar (CY)

**Request if Funding Not Secured**

Full year leave at half salary       Full year without salary       No leave

Full salary for one semester of leave. Please check **one** of the following boxes as your leave semester:

Fall Semester       Spring Semester

**Special Leave Request**

Full year w/out salary       Fall semester w/out salary       Spring semester w/out salary

Full year w/full salary       Fall semester w/salary       Spring semester w/salary

Purpose of Leave \_\_\_\_\_  
\_\_\_\_\_

A faculty member who is wholly or partially paid by the University during a leave of absence is committed to 1) adhering to the University's Outside Activities Policy during the period of the leave, \*2) returning to the University for a full academic year on completion of the leave, and 3) submitting a written report to the chairperson and the dean on the progress of the leave project within three months of return.

**\*If you fail to return to the University for a full academic year after your leave, you agree to pay to the University an amount equal to the salary and/or benefits (including the amount of contributions to the 403(b) plan and premiums for health insurance) paid to you or on your behalf by the University during your leave.**

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_  
Recommendations \_\_\_\_\_  
\_\_\_\_\_ Chairperson \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Dean \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Provost \_\_\_\_\_ Date \_\_\_\_\_