

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 _____