

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
FACULTY DEVELOPMENT LEAVE FOR COMPENSATED TENURED FACULTY
APPLICATION FORM

Instructions: Items 1 through 5 of this form should be completed by the applicant and forwarded through the administrative channels as indicated on this form.

1. EMPLOYMENT AT TTUHSC

Name: _____

TTUHSC R#: _____

Position Title: _____

Department/Division (if applicable): _____

School of: _____

Number of academic years applicant has been employed at TTUHSC: _____

Have you served as a member of the "faculty" for at least five consecutive academic years in the Schools of Allied Health Sciences, Nursing, Medicine or Pharmacy? _____

Will you be tenured at the beginning of the faculty development leave? _____

Have you previously had a faculty development leave at TTUHSC? _____

If yes, provide the dates and describe the results of the leave:

2. PROPOSED LEAVE

Provide a brief statement of the nature of the proposed leave:

Period (dates) for which leave and compensation are requested:

From: _____ To: _____

NOTE: A one-half year leave will be at full salary while a year leave will be at one-half salary.

3. SCHOLARLY AND PROFESSIONAL ACTIVITIES

Attach a current Curriculum Vitae.

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4. PROJECT INFORMATION

- a. State the objectives of the development project and how the applicant and TTUHSC will benefit from these activities.
- b. Indicate the location of project, facilities to be used, and a schedule (when appropriate).
- c. Identify Project personnel other than the applicant and describe their responsibilities.
- d. Describe financial and budgetary matters including origins and amounts of financial resources for the project.

5. TERMS OF LEAVE

At a minimum, the undersigned agrees to return to the employment of Texas Tech University Health Sciences Center for at least one month for each month of the development period, but not less than one year, or repay TTUHSC for all costs associated with the development program, including any amounts of the employee's salary that were paid and were not attributed to paid vacation or compensatory leave. In accordance with the Texas Faculty Development Leave Act, the undersigned agrees not to hold employment (during the period of the development leave) from any other person, corporation or government, unless the Board of Regents finds that it is in the public interest and that it otherwise meets requirements of law. It is understood that the leave of absence for faculty development will be subject to cancellation for violation of the conditions under which the leave was granted.

Signature of Applicant: _____ Date: _____

Type Name of Applicant: _____

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6. CHAIRPERSON/ASSOCIATE DEAN APPROVALS

(Omit if the applicant is the chairperson or if there is no chairperson structure.)

a. Does the applicant meet the eligibility requirement? _____

Is this proposal acceptable for review based on the information requested above? _____

b. Provide an evaluation of the proposal in terms of the stated goals or purpose.

c. Evaluate the likelihood that the experience outlined in the proposal will be successful.

d. Evaluate the proposal in terms of its effect on the Department, School and HSC.

Signature of Chairperson: _____ Date: _____

Type Name of Chairperson: _____

Signature of Assoc Dean: _____ Date: _____

Type Name of Assoc Dean: _____

7. DEAN'S APPROVALS

() I have read this proposal and agree that it will make a significant contribution.

() I have elected to attach additional information regarding my evaluation of this project.

Signature of Dean: _____ Date: _____

8. EXECUTIVE APPROVAL

Provost: _____ Date: _____

President: _____ Date: _____

9. BOARD APPROVAL

(To be completed and distributed by the President's Office)

Date of Board Meeting and Item Number: _____

xc: Dean's Office; Chairperson; Applicant