

THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY

Request for Leave of Absence - FACULTY

A faculty member requesting a leave of absence without pay shall submit a request stating the purpose of the leave, destination, and period of time covered to their Director/Department Chair.

The leave of absence without pay application shall be submitted to the President through the Director/Department Chair, Dean and Provost/Executive Vice President for Academic Affairs. Each of the administrators listed above shall provide a recommendation regarding the request.

After a return to active duty of one year or more, the leave of absence privilege will again be available, subject to the conditions above.

- 1. Current Date:
- 2. Name: No nicknames, official name of record.
- 3. Academic Title:
- 4. Employee ID: Employee Identification Number.
- 5. School/Department: Department where faculty member is primarily employed.
- 6. College: Select College.
- 7. Period of Assignment for Leave: Most faculty members are on 9 month appointment. Therefore the period of assignment for leave should correspond to academic year i.e. September 1, year to May 31, year.
- 8. Justification: Explain why leave is being requested including benefit to the university.
- 9. Signature of Faculty Requesting Leave:
- 10. Tenure Status:
- 11. Recommendations and/or Approvals:

Rev. 2/29/2016



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Request for Leave of Absence - Faculty

1. Current Date:	_	
2. Name:		
3. Academic Title:		
5. School/Department:		
6. College:		
7. Period of Assignment for Leave: FROM:(Should be consistent with fiscal year)		
8. JUSTIFICATION Explain why leave is being requested including benefit to the U	Jniversity.	
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9. Signature of Person Requesting Leave:	Printed Name:	
10. TENURE STATUS:		
CURRENT TENURE STATUS: Tenured Tenured Tenured	ure Track (see below) Initial Date of hire at UTRGV/UTB/UTPA:	
probationary period is extended by an amount of time equal to the p	ng the probationary period, however it does not break the continuum. The schedule period spent on leave. Though, the faculty member may request in writing to count the d by the faculty member's department chair, college dean, and the Provost/EVPAA.	
If leave is granted, give new date of end of probationary period: (if	f applicable)	
11. RECOMMENDATIONS and / or APPROVAL	LS:	
Director/Department Chair (Print Name)	Signature	Date
Dean (Print Name)	Signature	Date
Zean (Nume)	-, ₅	Duic
Dr. Havidán Rodríguez		
Provost/EVPAA (Print Name)	Signature	Date