

# University of Washington

Academic Human Resources, Office of the Provost 85 Gerberding Hall, Box 351270, Seattle, WA 98195 206.543.5630 acadpers@u.washington.edu

# APPLICATION for PAID PROFESSIONAL LEAVE

**NOTE:** Faculty members on Paid Professional Leave may receive full or partial salary depending on the period of leave. The University of Washington will provide salary as follows: 100% salary for a leave of one quarter, 75% salary for a leave of two quarters, 67% salary for a leave of three quarters (or four quarters for faculty members with a 12-month service period).

In the case of a faculty member with partial tenure, the salary provided by the University is determined by multiplying the rate of tenure by the salary rates indicated above. For example, a faculty member with 50% tenure taking a leave of two quarters would receive 37.5% salary from the university while on Paid Professional Leave. If a faculty member secures outside grant support, which is designated for salary purposes, such funds may be applied to increase the faculty member's remuneration for the period of the leave up to full salary, and thereafter to reduce the University's contribution. The combined remuneration may not exceed the individual's regularly established full salary, except as provided by *University Handbook Vol. Four, Part V, Chap. 4, Sec. 2.E.* 

**INSTRUCTIONS:** Complete the form on the next page using the numbered instructions below. Print two copies of the completed form. Keep one copy for your records and give the other copy to your Department Chair or Program Director. Please refer to your administrator to determine whether any additional procedures or documentation are required.

**NOTE:** You will be able to print, but not save the content of your completed form if you are using the freely available Adobe Reader. To save the content of your form (not required), you must use Adobe Acrobat available from <u>http://www.adobe.com/</u>.

#### To be completed by the Faculty Member:

- I-3 Enter your full name as it appears in university records.
- 4 Enter your Employee Identification Number (EID); not SSN. If you do not know your EID, you can find it by logging into Employee Self-Service with your UWNetID at <u>https://www.washington.edu/admin/payroll/ess/ess.cgi</u>.
- 5 Enter your Campus Box number for your home department: 35xxxx.
- 6 Enter your UW E-Mail address.
- 7-8 Enter your 4-digit Job Class Code and Job Title; see <u>http://www.washington.edu/admin/acadpers/jcc\_rank.html</u> for a list of Job Descriptions.
- 9 Enter the full-time equivalent (FTE) percentage of your combined appointments. Full-time applicants should enter 100%.
- 10-11 Enter your Department/Program and College/School/Campus name; if your School/College is undepartmentalized, leave the Department/Program field blank.
- 12-13 Enter the Date and Job Title of your initial faculty appointment at the University of Washington.
- 14 Enter the period of your proposed leave; please enter the appropriate academic year and check the appropriate quarter(s) or specify a date range. The date ranges for quarters are as follows: Autumn (9/16-12/15), Winter (12/16-3/15), Spring (3/16-6/15), Summer (6/16-9/15).
- 15 Enter the Date you received tenure at the University of Washington.
- 16 Enter the percentage of tenure in your current appointment.
- 17 Enter the percentage of salary support you will be paid on Paid Professional Leave.
- 18 Describe the financial support you expect to receive from internal sources (the University of Washington) including any UW administered grants and contracts, as well as from external sources, including grants not administered by UW, and compensation from other organizations. Include specific amounts if possible.
- 19 State briefly the purpose of the leave, including where the period of leave is to be spent; attach a leave plan.
- 20 List the details of your previous periods of leave at the University of Washington, including date ranges, percent leave and type of leave.
- 21 Carefully read the Return Commitment Agreement; print your name, sign and date the agreement.

#### To be completed by the Department Chair or Program Director:

- 22 Indicate the budgeted FTE percent of the applicant's current appointment.
- 23 Indicate the budget information that is relevant to the proposed leave.
- 24 Indicate information regarding the distribution of the applicant's classes, including plans for teaching and funding.
- 25 Print your name and date, and sign for leave approval.
- To be completed by the Dean or Chancellor:
- 26 Print your name and date, and sign for leave approval.
- To be completed by Academic Human Resources:
- 27 Print your name and date, and sign for leave approval.

## APPLICATION for PAID PROFESSIONAL LEAVE

TO BE COMPLETED BY T	HE APPLICANT:				
(I) Last Name		(2) First N	ame		(3) Middle Initial
(4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-	Mail		
(7) Job Class Code (optional)	(8) Job Title				(9) Appointment FTE %
					%
(10) Department/Program (if app	(11) Colleg	ge/School/Ca	npus		
(12) Date of Initial UW Appointr	nent (13) Job Title c	of Initial UW A	Appointment		
(14) Leave Period Specific Qu	uarter(s):		or F	om: ( <i>mm/dd/yyyy</i> )	) To: (mm/dd/yyyy)
Au 20 Wi	20 Sp 20	Su 20			
(15) Date Tenure was Granted	(16) Percentage of	Tenure	(17) Salary	Support while or	n Paid Professional Leave
	%		100%	75% 67	% other: %
(18) Indicate expected financial su	upport from both internal	and external :	sources		
•					
(19) State briefly the specific purp	pose of the leave, including	g where the p	eriod of leave	is to be spent; a	ttach a leave plan
(20) List previous leaves of any ki	ind				

### RETURN COMMITMENT AGREEMENT (TO BE COMPLETED BY THE APPLICANT):

I hereby agree to return to and to work for the University of Washington for the period of one year following completion of the professional leave with pay. I acknowledge that, pursuant to RCW 28B.10.650, my failure to comply with this agreement shall constitute an obligation to repay to the University any remuneration received from the University during the period of leave. (21) Date Faculty Member (print) Signature

### TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:

(22) Budgeted FTE	(23) Budget Information (if applicable)	
%		
24) What distributior	n is to be made of the applicant's classes, including pla	ns for teaching and funding?
APPROVALS:		
(25) Date	Department Chair/Program Director (print)	Signature
(26) Date	Dean/Chancellor (print)	Signature
(27) Date	Academic Human Resources (print)	Signature
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Rev. 3 March 2008; supercedes UW Form 1661