

## REQUEST FOR TITLE F LEAVE

PART I APPLICATION: Please complete Part I only and return to SUNY Poly Human Resources.				
NAME:	TITLE:			
SUPERVISOR:	DEPARTMENT:			
TERMS & CONDITIONS OF LEAVE:  full pay (limited to o	ne session or one-half year)			
half pay (up to one year) unpaid				
DURATION: Session: Fall Spring	From To			
Will you have any supplemental income?    YES				
If yes, please explain and provide the amount:				
NOTE: The President must consider and approve in advance any earnings or other income (i.e. fellowships, grants-in-aid while an employee is on leave.) The President can adjust leave compensation for other income.				
<ul> <li>Do you now have or have you applied for a grant which will be operational during the term(s) for which you have applied for Title F leave?</li> <li>YES</li> <li>NO</li> <li>If yes, how will these responsibilities be met if you are granted a leave?</li> </ul>				
<ul> <li>Please include a detailed statement outlining the program to be followed while on leave (if applicable), please be sure to address the following items:</li> <li>How the proposed leave will increase your value to the University</li> <li>Necessity of the leave for completion of the proposed work, to distinguish the proposal from work that can be reasonably expected to be accomplished as part of the faculty member's normal obligation.</li> <li>Evidence of your qualifications for completing the proposed project</li> <li>Anticipated outcomes</li> </ul>				
Please review and initial the following items:				
I have reviewed the polices for Title F leaves as outlined in Article XIII, Title F of the Policies of the Board of Trustees and Article 23.7 of the UUP Agreement.				
I understand that my continuing/permanent appointment date may be impacted by this leave.				
I agree to submit a report to the chairperson of my department, the school dean, the provost, and the President of my professional activities and accomplishments while on leave. The report must be submitted within 3 months of my return from leave.				
I understand that if I do not return from a leave with full or partial pay for at least one additional year of employment, I may be expected to remit SUNY Polytechnic Institute any salary paid while I was on leave, or to arrange for a new employer to reimburse the University for any salary.				
I understand that vacation leave and sick leave credits shall not be accrued or used during this leave.				
Applicant Signature	Date			
PART II TO BE COMPLETED BY APPROPRIATE OFFICERS AT THE COLLEGE				
HR Review Benefits Administrator Date				

Signatures		Not Recommended	Recommended	Highly Recommended	
Department Chair	Date				
Dean	Date				
Provost	Date				
☐ Load absorbed ☐ Substitute Necessary ☐ Additional Funds Required (Explain)					
PART III TO BE COMPLETED BY PRESIDENT					
PRESIDENT			☐ Approved	☐ Disapproved	
<b>DATE</b>					