



**COVER SHEET: FACULTY PROFESSIONAL DEVELOPMENT LEAVE**

**Name** \_\_\_\_\_ **College** \_\_\_\_\_  
**Department** \_\_\_\_\_ **E-mail** \_\_\_\_\_  
**Office Phone** \_\_\_\_\_ **Date Tenure Effective** \_\_\_\_\_  
**Office Location** \_\_\_\_\_

**Previous Faculty Professional Development Leave?**

No  
Yes (date leave ended \_\_\_\_\_)

**Leave Period Requested**

Fall (year \_\_\_\_\_)  
Spring (year \_\_\_\_\_)  
Full Academic Year (\_\_\_\_\_)

**Type of Leave Requested**

Scholarly Development  
Applied Opportunity

**Covering the Period of the Leave** (Describe how teaching, service, and advising responsibilities will be covered during the leave period)

**Additional Instructional Resources** (Detail any request for additional instructional resources needed to cover the faculty member's absence during the leave period and, to the extent possible, indicate the course(s) to be covered, the amount requested, and the term the funds are needed)

Course	Amount Requested	Term Needed
	Total	

\* Any required backfill for FPDL is generally funded at the adjunct rate. If funding is required that is greater than the adjunct rate, additional justification is required and must be included as an appendix to the FPDL application.