PERELMAN SCHOOL OF MEDICINE - Application for a Faculty Leave of Absence

Faculty:				
Department:				
Reason for Leave: Schola	arly 🔲 Employm	nent elsewhere Other		
Attach a written statement, co-sign	ned by the departmen	nt chair, which states the reason for the	leave and any other supporting detail	ls.
Type of leave: traditional	OR compress	sed* ☐ (CPUP member only)		
*If compressed leave, include re	elevant details relating	g to the time frame of the leave and the p	period of time over which the funding v	vill be paid.
Leave requested from:	to			
Previous leave(s) from:	to	with salary	without salary	
<u>from:</u>	_ to _	with salary	without salary	
Salary Requested During Lea	ve:			
Full #of months F	Partial # of months	None		
Percentage of salary continu	ued through grant sup	pport		
Benefits Coverage:				
☐ I request my benefits to be cont	inued with University	ty contribution.		
Benefits Currently in Effect:	Continue:			
TIAA/CREF	☐ Yes ☐	No		
Vanguard	☐ Yes ☐	No		
Medical Insurance	☐ Yes ☐	No		
Dental Insurance	☐ Yes ☐	No		
Vision Insurance	☐ Yes ☐	No		
Life Insurance	☐ Yes ☐]No		
Other (specify)				
Department Chair's Recomme Department Chair's statement and r Leave replacement estimated co	endation:			
		(Department Ch	nair's Signature)	
Affairs and Professional I Value of Leave:	Development and	ss Administrator: (This information of the Provost's Office) Number of Sabbatical Cre		e Office of Faculty
Number of Sabbattear Credit.	S Available .			
		(Department Business Admi	inistrator's Signature)	
Dean's Action:				
☐ Approved				
☐ Approved with the following i	modification:	-		
☐ Disapproved for the following	g reason:			
		(Dean's Signature)		

 $[\]ast$ The maximum number of sabbatical credits is 24.