

**APPLICATION FOR  
LEAVE OF ABSENCE  
University of Nebraska-Lincoln**

**I. General Information**

Name of Applicant \_\_\_\_\_

College \_\_\_\_\_

Department \_\_\_\_\_

Rank \_\_\_\_\_

**Leave of Absence Requested:**

- Military
- Jury
- Personal
- Temporary Disability/Sick
- Educational (e.g. Fellowship)
- Family Medical Leave
- Other: (Explain) \_\_\_\_\_

**Dates of Leave of Absence:** \_\_\_\_\_

**Please attach appropriate documentation to this form.**

*Please do not use this form for leave associated to a Faculty Development Fellowship. Instead, use the Application for Faculty Development Fellowship Coversheet.*

**II. Evaluation Considerations:**

*As described in the Bylaws of the Board of Regents, each faculty member must be evaluated annually. This requirement holds regardless of whether the faculty member is on leave for all or part of the evaluation period. Moreover, that evaluation must follow the faculty member's apportionment/position description. It is therefore important that the chair/head/director and the faculty member agree ahead of time on what work, if any, is expected during the leave, and how that work will be evaluated. In some cases, a temporary reapportionment of duties may be appropriate, for the duration of the leave. If a temporary reapportionment is appropriate, or if the leave is taken without pay or with partial pay, then the method for completing the overall evaluation when the period of evaluation overlaps with the dates of the leave should also be clarified. In cases of unplanned/emergency leaves, please write "TBD by (date)" in the space at the end of this section, leave the remainder of this section blank, and plan to submit a second copy of this form by the date indicated.*

**Current apportionment:**

\_\_\_\_% Research; \_\_\_\_% Teaching; \_\_\_\_% Service; \_\_\_\_% Extension; \_\_\_\_% Administration

Is a temporary reapportionment of duties appropriate in this case?<sup>1</sup>  Yes  No

If “yes”, the temporary reapportionment is:

\_\_\_\_% Research; \_\_\_\_% Teaching; \_\_\_\_% Service; \_\_\_\_% Extension; \_\_\_\_% Administration

**Provide a description of the work to be done during the leave (if any) and description of how that work will be evaluated. Include also a statement of how the overall evaluation will be completed when the period of evaluation overlaps with the dates of the leave. Attach additional documentation if appropriate. This section should be filled out after consultation between the applicant and the chair/head/director.**

*So that evaluations can be performed according to this agreement, any faculty committees performing annual evaluations, salary advice, or promotion and/or tenure recommendations must receive a copy of this form. **It is the responsibility of the chair/head/director to ensure that this happens.***

### III. Signatures

_____ Signature of Applicant	_____ Date
Approvals:	
_____ Chair/Head/Director	_____ Date
_____ Dean	_____ Date
_____ Executive Vice Chancellor	_____ Date
or	
_____ Vice Chancellor, IANR	_____ Date

<sup>1</sup> Note that Section 4.3 of the Bylaws of the Board of Regents dictate that any change in apportionment must be by mutual agreement between the department chair and faculty member; if such agreement cannot be reached then the matter should be reviewed by an elected faculty committee in the faculty member’s home college.