

# Miami University

## Application for Faculty Improvement Leave or Assigned Research Appointment

For most favorable consideration, this application should be received in the Office of the Provost by December 1 of the academic year preceding the leave or assigned research period. (Check with department, dean and/or campus for earlier preliminary deadlines.)

Name:	<input type="text"/>	Department:	<input type="text"/>
Campus:	<input type="text"/>	Years of Miami Service (Including current academic year):	<input type="text"/>
Academic Rank:	<input type="text"/>	Years in Probationary Period, if applicable:	<input type="text"/>
Academic Year of Leave or Appointment:	<input type="text"/>	Period of Leave or Appointment:	<input type="text"/>
Type of Leave or Appointment Requested:	<input type="text"/>		

List by type and year all leaves or research appointments received from Miami in the last 10 years.

**For Assigned Research Appointment-Off Campus only:** Indicate why it is essential to conduct your proposed research in an off-campus location and during this leave period.

**For Faculty Improvement Leave and Assigned Research Appointment -Off Campus only:** Will you be receiving external support (e. g. a grant or other award during the leave period?)  Yes  No

If yes, estimate the external academic year salary support you will be receiving by source:.

**Statement of Purpose of Leave or Research Appointment:** As an attachment to this application, please submit a 1- 3 page summary, including:

1. clear, succinct plans, including the specific goals and objectives, of the activities in which you will engage during the leave or research appointment.
2. anticipated results from the leave or research appointment (indicate briefly the products or other contributions to you, your discipline and/or the University that will result, and state the expected time frame for these results).

### Additional Required Attachments:

1. Submit your current curriculum vitae with this application that includes scholarship/creative activities, record of external funding, awards, and teaching and curriculum development.
2. If you have received a leave or assigned research appointment from Miami University in the last 10 years (listed above), please attach the post-leave reports that were submitted at the conclusion of the leave or assignment that met the requirement specified in *Miami University Policy and Information Manual* sections 6.7 and 6.8.

**Statement of Condition for Acceptance:** Signature required for consideration.

I have read the applicable sections of the *Miami University Policy and Information Manual* (sections 6.7 and 6.8) about faculty leaves, and I agree to the conditions specified in it. If granted an Assigned Research Appointment, Assigned Research Appointment Off-Campus, or a Faculty Improvement Leave, I further agree to return to Miami University for the academic year following this leave, or to reimburse the University for the amount of my Miami compensation including benefits costs associated with the leave period.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Chair, Dean, and if applicable, Regional Campuses Dean (initial all comments):**

Explain specifically how instructional and other duties of the applicant will be covered (e.g., if the applicant regularly teaches a Miami Plan thematic course, how will the thematic sequence be sustained in his/her absence?):

**Explain how the cost of replacement faculty will be covered (if applicable):**

**Note:** Provost approval does not imply funding availability for replacement. Funding issues are the responsibility of the Deans.

For Assigned Research Appointment Off-Campus, indicate your reason for recommending the off-campus arrangement.

Identify any special conditions associated with your recommendation for approval:

**Recommended for approval:** (Regional Campus faculty need Regional Campuses Dean and Chair approval only for Provost's review.

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Regional Campuses Dean (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Provost: \_\_\_\_\_ Date: \_\_\_\_\_