

**COLLEGE OF MEDICINE
APPLICATION FOR PROFESSIONAL DEVELOPMENT LEAVE**

Name/Academic Rank _____ UF ID# _____

Department _____ P.O. Box #: _____

Years of Full-Time UF Service _____ Years Since Previous Professional Development Leave From UF _____

Requested Dates of Proposed Leave: From _____ To _____

- Requested Option for Proposed Leave:
- (1) _____ Full-Salary for up to 6 Months
 - (2) _____ Half-Salary for up to 6 Months
 - (3) _____ Half-Salary for up to 12 Months

Application Process

A faculty member requesting professional development leave should complete this form and attach a statement describing the program to be followed while on leave, the location where these activities will take place, the expected increase in value of the faculty member to the University of Florida, specific results anticipated from the leave, any expected supplementary income, and a statement from the faculty member agreeing to comply with the terms of the leave program. The completed form and statement should be submitted for review and approval to the faculty member's immediate supervisor, chair and dean. Once approvals at the department/college level have been obtained, the completed application is forwarded to the Senior Vice President, Health Affairs for review and approval.

Terms of the Program

- (1) Professional development leaves are available for faculty after six (6) years of continuous full-time University of Florida service.
- (2) In the case of faculty on a contract or grant, the terms of the leave must be consistent with the terms of the contract or grant.
- (3) If a faculty member receives fellowships, grants-in-aid, or financial assistance from sources other than the University of Florida to assist in accomplishing the program, the University of Florida salary shall be reduced so that the total income is equal to the faculty member's regular salary. Non-salary funds for travel and living expenses from sources other than the University of Florida will not result in a reduction in University of Florida salary during the leave.
- (4) Employment unrelated to the purpose of the professional development leave is governed by applicable outside activity and conflict of interest provisions of University of Florida regulations and state law.
- (5) Contributions made by the University of Florida to the retirement and Social Security programs shall be continued on a basis proportional to the University of Florida salary received during the professional development leave. University contributions made to the faculty member's insurance programs and other employee benefits shall be continued during the leave.
- (6) Twelve-month faculty members shall continue to accrue vacation and sick leave on a full-time basis during the professional development leave.
- (7) By accepting the leave, the faculty member agrees to return to the University of Florida for at least one calendar year following participation in the program. If the faculty member does not fulfill that agreement, or does not participate in the program as stated in the proposal, the faculty member shall reimburse the University of Florida the amount of salary received from the University of Florida during the professional development leave.
- (8) Upon returning to the University of Florida following the professional development leave, the faculty member shall submit to his/her chairperson and to the dean a written report of the faculty member's accomplishments during the leave. This report shall include information regarding the activities undertaken during the leave, the results accomplished during the leave as they affect the faculty member and the University of Florida, and the research or other scholarly works produced or expected to be produced as a result of the leave.
- (9) Faculty members shall not be eligible again for a full-pay professional development leave until six (6) years of full-time service have been completed following prior participation.

I agree to abide by the terms and conditions of the professional development leave program as referenced above.

Faculty Member's Signature _____ Date: _____

Approvals: _____

Chairperson

Date

Dean

Date