

**THE TEXAS A&M UNIVERSITY SYSTEM  
HEALTH SCIENCE CENTER  
FACULTY DEVELOPMENT LEAVE**

**INSTRUCTIONS**

**Faculty development leaves are available through out the year. The application must be submitted at least three (3) months prior to initiation of leave. The decision process is not complete until approval by the A&M System Board of Regents.**

**INSTRUCTIONS FOR FACULTY MEMBERS:**

Faculty submitting applications should be familiar with A&M System Health Science Center Internal Policy 12.01.99.Z1.01 (Faculty Promotion, Appointment and Tenure).

Two (2) copies of each application form and supporting materials are to be submitted with each request. A faculty member requesting the leave shall submit the application and supporting materials listed below to the department head:

1. Completed application form. Do not generate personalized application forms. Use only the HSC application forms.
2. Updated faculty record, as described in The Texas A&M University System Health Science Center Faculty Appointment, Promotion and Tenure Policy, Appendix B.
3. Letters of support (maximum of three) from peers indicating the value of the applicant's proposed leave. The evaluators need not be a member of the applicant's department or component. If the leave is to be taken away from campus, a letter of invitation/agreement from the host institution or individual must be included. At least one letter should be from a person knowledgeable in the proposed activity area at another institution, institute or laboratory.
4. Development leaves may be used for persons wishing to seek redirection in their careers.
5. While you are on Faculty Development Leave, you must follow the appropriate regulations concerning sick leave and annual leave.

### **INSTRUCTIONS FOR DEPARTMENT CHAIRS:**

The department chair may request a review and evaluation of the application from appropriate faculty and solicit a written recommendation from one or more of such review faculty which may be appended to the Department Chair Information Sheet. The department chair shall also prepare a written evaluation of the request on the Department Chair Information Sheet.

These recommendations shall include:

1. An evaluation of the perceived benefit of the proposed leave to the requesting faculty member and the department. This should include any impacts of the leave upon the department.
2. An evaluation of the ability of the requesting faculty member to accomplish the stated goals of his or her proposed activities to be conducted during the period of leave.

The department chair shall forward the application, supporting materials and recommendations to the Dean /Director of the component.

### **INSTRUCTIONS FOR DEANS/DIRECTORS OFFICES:**

The Dean/Director shall provide an evaluation of each application and a statement indicating how the leave will be funded. The Dean/Director of the component shall then submit the endorsed application and supporting materials to the Vice President for Academic Affairs who will forward the application to the Health Science Center Appointment, Promotion and Tenure Committee.

**THE TEXAS A&M UNIVERSITY SYSTEM  
HEALTH SCIENCE CENTER  
APPLICATION FOR FACULTY DEVELOPMENT LEAVE**

**APPLICANT INFORMATION FORM**

1. Name: \_\_\_\_\_
2. Academic Rank or Title: \_\_\_\_\_
3. Department: \_\_\_\_\_
4. Component: \_\_\_\_\_
5. Employment in The Texas A&M University System  
*[Years of service at Baylor College of Dentistry prior to BCD joining the A&M System are to be included in all calculations.]*
  - a. Number of years consecutive employment: \_\_\_\_\_
  - b. Total number of years in A&M System: \_\_\_\_\_
  - c. Total number of years in the A&M System HSC (*see note above*): \_\_\_\_\_
  - d. Tenure status: \_\_\_\_\_
  - e. Date of tenure, if applicable: \_\_\_\_\_
6. Have you previously received a Faculty Development Leave? \_\_\_\_\_  
If so, please give dates: \_\_\_\_\_
7. Dates of projected leave: (Six (6) months at full pay; twelve (12) months at one-half pay. Pay may be supplemented up to full pay from external sources.)
8. Outside funding sources to supplement leave:  
Needed \_\_\_\_\_  
Available \_\_\_\_\_  
Applied for \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes, identify source of funds and how they could be used:

b. If no, do you plan to attempt to secure additional support funding? Identify the source of possible funding and how it could be used.

9. Location(s) where leave will be taken: (if multiple locations, give approximate dates/time at each location)

10. a. Describe as fully as possible (in terms appropriate to your discipline) what you plan to do during the leave period. Do not exceed one and one-half pages.

- b. In less technical terms (suitable for public release), provide a description of your plans that would be clear to a lay person. Do not exceed one page.

11. What are your reasons for wishing to undertake the leave?

12. How do you project the purpose of the leave will benefit your department, component and the A&M System Health Science Center?

## TERMS OF LEAVE

13. I acknowledge an understanding of the Texas A&M Health Science Center expectation that recipients of an academic study leave will return to service as a member of the HSC faculty for a period of at least one year following completion of the leave. If I do not honor this commitment, I will be expected to repay all salary paid during the leave period . I also agree not to accept employment during the period of the leave from any other person, corporation, or government, unless the Board of Regents finds that it is in the public interest and that it otherwise meets requirements of law. It is understood that the leave of absence for faculty development will be subject to cancellation for violation of the conditions under which the leave was granted.

Furthermore, I agree to provide a written report upon completion of the leave to my department chair and dean/director. I will also make a formal presentation of the results of the development leave to faculty, staff, and/or students in my component.

\_\_\_\_\_  
Signature of Applicant

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

**THE TEXAS A&M UNIVERSITY SYSTEM  
HEALTH SCIENCE CENTER**

**APPLICATION FOR FACULTY DEVELOPMENT LEAVE**

**Department Chair Fact Sheet**

Applicant's Name: \_\_\_\_\_

Department: \_\_\_\_\_

Component: \_\_\_\_\_

1. How will the applicant's proposed study program plan aid in the applicant's professional development?
  
  
  
  
  
  
  
  
  
  
2. How will the proposed study program affect the applicant's department?
  
  
  
  
  
  
  
  
  
  
3. Does applicant have the required qualifications to accomplish the stated leave goals and is it a feasible plan?
  
  
  
  
  
  
  
  
  
  
4. Plans for funding the leave?

**APPROVED:**

\_\_\_\_\_  
Signature of Department Chair or Administrative Supervisor

\_\_\_\_\_  
Date

**THE TEXAS A&M UNIVERSITY SYSTEM  
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**Dean/Director Fact Sheet**

Applicant's Name: \_\_\_\_\_

Department: \_\_\_\_\_

Component: \_\_\_\_\_

1. How will the proposed study plan be of value to your component and the Health Science Center?

2. Plans for funding the development leave.

**APPROVED:**

\_\_\_\_\_  
Signature of Dean or Director

\_\_\_\_\_  
Date