



APPLICATION FOR PROFESSIONAL DEVELOPMENT LEAVE

(submitted by applicant at least six months in advance of proposed leave to appropriate Program Leader)

Extension Educators and PAT employees are eligible for professional development leave. Such leave is a benefit of UNH employment but considered a privilege rather than a right. Leaves are granted to eligible professional staff members only when established criteria are met. Each application is judged on its own merits and availability of funding. The development of any requests should fully involve both the employee and her/his supervisor. The main points for consideration are:

- **What is the benefit to UNHCE and why does it require a specific leave?**
- **How will job responsibility be covered during the proposed leave?**
- **What are the financial implications of the proposed leave?**

1. Name: _____ Date: _____

Title: _____

2. Type of leave (check appropriate category):

Leave with full pay (six months)

Leave with half pay (1 year)

Other: (please explain)

3. Dates of proposed leave:

From: _____ To: _____

4. Length of service at the University of New Hampshire: _____

5. Indicate previous leaves you have been granted, including dates and types of leave:

6. Is this leave to be used for work toward completion of an advanced degree?

Yes

No

7. What is the specific benefit of this leave to UNH Cooperative Extension?

8. In the space below please provide a one-page proposal regarding the purpose of the leave of absence. If applying for a leave for professional improvement, please describe the program or project to be undertaken. For a leave without pay, describe the purpose of the leave and document any benefits that accrue to the University.

Signature of Applicant

This application is submitted with the understanding that all leaves of absence approved by the USNH Board of Trustees are governed by the leave policies as stated in the USNH Policy Manual and that all conditions stipulated in the leave policies are binding upon members of the Faculty and Staff.

TO BE COMPLETED BY PROGRAM LEADER/DEPARTMENT CHAIR

1. Please indicate the arrangements to cover the applicant's responsibilities during the leave of absence. Specify in detail, reassignments or replacement personnel and their related costs.
2. Provide an evaluation of the applicant's proposal for this leave of absence.

Endorsed by:

| | | | |
|----------------------------------------------------------|------|------------------------------------------------------|------|
| _____ Dean & Director UNH Cooperative Extension | Date | _____ Program Leader UNH Cooperative Extension | Date |
| _____ Associate Director UNH Cooperative Extension | Date | | |
| _____ UNH Provost | Date | _____ UNH President | Date |

Extension Educators having the title “Extension Faculty” must have college approval.

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| _____ College Dean | Date | _____ Department Chair | Date |
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Extension Educators located in the county office must have County Advisory Council endorsement.

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| _____ County Advisory Council, Chair | Date | _____ County Administrative Liaison | Date |
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