APPLICATION
EDUCATIONAL LEAVE WITH PAY

SUBMIT TO:
Human Resources
11000 University Parkway
Building 20E
Pensacola, FL 32514

Note: These programs are subject to availability of funding and may be reduced or eliminated due to budgetary restrictions and/or considerations.

DIRECTIONS: Applicants must have been full-time University of West Florida employees for three years and in good employment standing at time of application. Please print or type. Complete all items and mark those that do not apply with "N/A" in the appropriate space(s). Note that a completed application includes: (1) answers to the application form with requested attachments and signatures, (2) resume, (3) a UWF transcript or all post-high school official transcripts.

Indicate Type of Leave Desired:

☐ **EDUCATIONAL LEAVE WITH PAY**
University Work Force Employees Excluding Coordinators and Above

☐ **PROFESSIONAL DEVELOPMENT LEAVE WITH PAY**
University Work Force Employees at the Level of Coordinator and Above

☐ **GRANT-IN-AID**
Faculty and University Work Force Employees Seeking Degrees in Under-Represented Areas

Indicate Program Eligibility:

☐ Full-Time Faculty and Staff with Three or More Years Continuous Full-Time Service with UWF and in Good Employment Standing at the Time of Application

Indicate Employment Category:

☐ Faculty ☐ University Work Force

1. Name_____
Last First Middle

2. _____
Current mailing address City State Zip code

3. _____ 4._____ 5._____ 6. _____
Home phone Campus phone Fax Email address

7. _____ 8. _____
Campus address and mail code Unit/Department

9. Current job title: _____

10. Time employed in this position: Years _____ Months ____

11. Total time employed at UWF: Years____ Months ____

12. **Faculty Only:** ☐ Tenured ☐ Tenure Earning ☐ Non-Tenure Earning

13. Educational Background:

Type of Education or Degree	School/College/University	Year(s) Attended	Graduated
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14. Semester(s) you propose for educational leave:

Fall _____ Spring _____ Entire Academic Year _____ to _____ Summer _____

15. Academic status during proposed leave (check one): Full-Time Part-Time

16. Educational objective during proposed leave:

A.A. or A.S. Bachelor's Master's Doctoral Certificate Other (please explain):

_____

17. Major field of study: _____

18. Name of program to be pursued: _____

19. Current Status:

A. Presently enrolled

B. Accepted for admission to begin _____ (DATE)

C. Other (please explain): _____

D. Level of Study: Freshman Sophomore Junior Senior

First Year Graduate Second Year Graduate Other (please explain):

_____

_____

E. Cumulative grade point average: Undergraduate _____ Graduate _____

F. Total semester hours completed toward degree: _____

G. Total semester hours in progress at time of application: _____

H. Total semester hours remaining to complete degree, including dissertation, thesis, or internship: _____

20. List courses to be taken during your proposed leave. Any course changes should be communicated to your supervisor.

21. When do you anticipate receiving your degree?

A. Date if recipient of educational leave: _____
(Semester and Year)

B. Date without educational leave: _____
(Semester and Year)

22. If you have previously received educational leave, list dates and type of educational leave:

_____ _____ _____

23. Are you currently receiving a fellowship, scholarship, grant, or loan, etc.?

☐ No ☐ Yes If yes, please list name(s), date(s), and amount(s):

_____ _____ _____

_____ _____ _____

_____ _____ _____

24. Please describe on a separate sheet why you feel you should receive educational leave. Describe your short and long term educational goals and the benefits you and the University of West Florida will derive from your participation in the program. Please limit your statement to two typewritten pages.

Please read and sign:
I certify that the above information is accurate. I understand that failure to provide or intent to falsify information on this application will invalidate my application for educational leave. I understand that if I am awarded educational leave under this program that I am required to continue employment at the University of West Florida for a period equal to twice the length of the leave awarded. Further, I agree to execute a promissory note agreeing to repay all salary (and stipend, if applicable) received during my educational leave period if my educational objective (as stated above) is not completed or if I resign from employment before my extended work obligation expires.

If I am selected for participation in this program, I also agree to participate in any follow-up assessments that may be conducted and adhere to any other obligations, as necessary, to facilitate program administration.

Signature of Applicant_____**Date:**_____

ENDORSING SUPERVISOR, DEPARTMENT HEAD, AND VICE PRESIDENT

I understand that I am responsible for the following:

- Identifying the position the employee will return to at the end of educational leave. That position is:_____.
- For Grant-In-Aid Applicants only:
  - Assuring that the degree being sought is relevant to the employee's position at the University (for Grant-in-Aid applicants only)
  - Assuring that each course taken is relevant to the employee's position and approving each course

Endorsement of Supervisor: _____ Date:_____

Endorsement of Department Head: _____Date:_____

Endorsement of Vice President: _____Date:_____