

Submit 1 original + 1 copy of the complete application
including all attachments except item 13 (curriculum vitae)

Application for Faculty Professional Leave

Name _____ Employee ID _____

TIU _____ College _____ Campus _____

1. Current academic title: _____

2. 9-month 12-month

3. Years at Ohio State (as a tenure-track faculty member) _____

4. Quarters/years or semesters/years of previous

Faculty Professional Leaves: _____

Special Assignments or Fellowship Leaves: _____

Unpaid Leaves of Absence: _____

5. Semesters/years requested for this leave: _____

6. Discuss fully any augmentation of the reduced salary associated with this leave that you have arranged and/or for which you will apply.

7. Discuss how your Ohio State responsibilities will be handled while you are on leave.

8. Location(s) (state and/or countries) where leave activity will be carried out.

a. Should location of activity occur outside the state of Ohio, provide anticipated dates and location for all travel related to the out-of-state activity. See below for faculty traveling out of the country.

b. Please update with your college and OAA should such dates change.

9. Title of proposed leave activity.

10. Concise description of proposed leave activity (approximately 50 words)

11. Provide a brief description of the expected benefits of this activity on your future teaching, research, and other scholarly and creative endeavors at Ohio State.

12. Attach a detailed proposal (3 pages maximum) stating the purpose and relevance of the leave activity.

13. Attach a current copy of your curriculum vitae.

14. Attach any additional information that supports your leave activity, such as letters of invitation from other universities. Please restrict these to the most essential documents.

15. For leave activities that occur outside the United States:

- a. Have you been invited or appointed to perform research or teaching activities at a foreign educational institution as part of your leave activities? If so, attach a copy of the letter or assignment from the foreign institution.
- b. Are you currently or previously a tax resident of the country where you will perform leave activities?
- c. What will be your immigration status (of visa type) in the country?
- d. If you are not affiliated with an educational institution during leave activities, does the country require you to have a work authorization and will you obtain it prior to departure?
- e. Attach a copy of your request and response from Export Control that confirms your ability to perform leave activity from the foreign location(s). [More information available here.](#)

16. Attach department and college letters of recommendation.

I understand that:

- I am required to return to The Ohio State University and resume my duties as a full time member of the faculty for a minimum of one academic year following the leave (“the post-leave year”). If I leave the university to accept other employment prior to completion of the post-leave year, I (or the hiring institution) agree to reimburse the university a pro-rated portion of my university salary during the leave for the portion of the post-leave year that is not completed.
- Supplemental compensation, or other compensation from university General Funds, is not permitted during a faculty professional leave.
- A summary report on my leave is legally required in accordance with Section 3345.28 of the Ohio Revised Code, to be submitted directly to the Office of Academic Affairs **within 60 days of the date of my return to service**, with a copy to the TIU head and college dean.

Signature _____ Date _____

Faculty members on leave for 2 semesters or 12 months must also complete the STRS Notification of Professional Leave of Absence Form, found at <https://www.strsoh.org/employer/forms.html>.

Approved by Office of Academic Affairs:

_____ Date _____