Name	Employee ID		
TIU	College	Campus	
1. Current academic title:			
2. 9-month □ 12-	month \square		
3. Years at Ohio State (as	a tenure-track faculty member)		
4. Quarters/years or semes	sters/years of previous		
Faculty Profession	al Leaves:		
Special Assignmen	nts or Fellowship Leaves:		
Unpaid Leaves of	Absence:		
5. Semesters/years reques	ted for this leave:		
6. Discuss fully any augm for which you will apply.	•	ciated with this leave that you have arra	anged and/or
7. Discuss how your Ohio	State responsibilities will be handl	led while you are on leave.	
8. Location(s) (state and/o	r countries) where leave activity wi	ill be carried out.	
	•	of Ohio, provide anticipated dates and l low for faculty traveling out of the cou	
b. Please update w	ith your college and OAA should so	uch dates change.	
1			

9. Title of proposed leave activity.		
10. Co	ncise description of proposed leave activity (approximately 50 words)	
	ovide a brief description of the expected benefits of this activity on your future teaching, research, and cholarly and creative endeavors at Ohio State.	
12 44		
12. Att	tach a detailed proposal (3 pages maximum) stating the purpose and relevance of the leave activity.	
13. Att	tach a current copy of your curriculum vitae.	
	tach any additional information that supports your leave activity, such as letters of invitation from other sities. Please restrict these to the most essential documents.	
15. Fo	or 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.	During Faculty Professional Leave (FPL) will you have an affiliation, academic appointment or position,	
	or receive support from an institution or entity affiliated with a <u>foreign country of concern</u> (e.g., China, N Korea, Russia, or Iran)? Yes No (If yes provide more details below in text box)	
Office of 20	Academic Affairs Faculty Professional Leave Form, Rev. 7/25	

This question requests information about potential foreign affiliations, appointments, and/or support received from an institution or entity associated with a foreign country of concern, during FPL. This information will help ensure compliance with university and federal sponsor disclosure requirements. Examples of a Foreign Affiliation: Holding a Visiting Professor or Honorary Professor position at an institution in a country of concern, participating in a foreign talent recruitment program sponsored by a country of concern, or participating in research sponsored by a foreign entity affiliated with a country of concern. • For questions or additional information, contact the Office of Secure Research at intlresearchengagement@osu.edu f. 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

