



University of Central Florida

Request For Administrative Professional Development Leave

Name: _____

Rank: _____

College/Area: _____

Department/Unit: _____

Date of Appointment as Chair, Director: _____

Requested Dates of Development Leave: _____

Plans for Use of Development Leave

(Must explain how the Leave will be used to prepare for returning to a faculty position, i.e., update teaching, research):

Applicant's Signature

Supervisor's, i.e., Dean's Comments

Approve

Disapprove

Print Name

Signature

Date

Provost's (or Provost's Representative) Comments

Approve

Disapprove

Print Name

Signature

Date

*Note: No replacement funds are provided for professional development leave