



Non-unit Professional Development Leave Program Application and Agreement of Terms

Purpose:

Professional development leaves (PDL) are granted to eligible Faculty and A&P employees to increase an employee's value to the University through opportunities for research, writing, professional and intellectual renewal, further education, or other experiences of professional value.

Professional development leaves are taken at full-pay for one semester and is subject to the conditions set forth below as per [UCF Regulation- 3.014 Faculty and A&P Development Leave Program](#).

Requested Period of Development Leave Program:

Requested semester: Fall 2026, Spring 2027 (or Summer 2026, 12-Month employees only)

Semester

Employee Name

Employee ID

College/Unit

Department/School

By signing this form, I acknowledge and agree to the professional development leave program requirements as outlined in this form, accompanying documents and [UCF Regulation- 3.014 Faculty and A&P Development Leave Program](#).

Employee signature

Date



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Application Process

Please attach a statement of your professional development leave plan. In accordance with [UCF-3.014 Faculty and Administrative and Professional Development Leave Programs](#), each application shall include:

A **two-page** statement describing

- the project or work and activities to be followed while on professional development leave;
- the expected increase in value of the employee to the University and unit;
- specific results anticipated from the leave; and,
- any anticipated supplementary income, provide details.

Your immediate supervisor shall review and comment on your application prior to submission to Faculty Excellence. Please submit your completed application and two-page statement via email to **FacultyExcellence@ucf.edu** by the designated due date and **copy your immediate supervisor and your dean, director, or unit head on the email**. Should you have any questions please contact FacultyExcellence@ucf.edu.

Supervisor Comments - Please provide comments in text box below.

Employee's Supervisor Print Name

Employee's Supervisor Signature