**Faculty Leave Notification**

**The University of North Carolina at Chapel Hill**

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| Employee Name: |  | | | | | | | PID | | |  | | | | | Service Period  9 mo  12 mo | |
| Base Department: |  | | | | | | | | | | Current Base Salary | | | $ | | | |
|  | | | | | | | | | | | | | | | | | |
| **Dates of Leave Assignment:**  *(Payroll Dates)* | | | From: | | | | | | | To: | | | | | | | |
| **Type of Leave Assignment:**  *(Check one)*  Research and Study Assignment  Internal Competitive Leave / Name:  External Competitive Leave / Name:  Leave Without Pay *(Professional)*  Leave Without Pay *(Personal)*  Other: | | | | | | | | | | | | | | | | | |
| **Leave Location:**  **Purpose:** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Total Actual Salary  (while on leave) | | Salary From  State Funds | | | Salary From  Non-State Funds | | | | Salary From  Non-University Funds | | | | | | *(Check one:)* | | Full Pay  Partial Pay  No Pay |
|  | |  | | |  | | | |  | | | | | |  | |  |
| Other compensation, allowances or benefits: | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Dates of Most Recent Leave (*if any*):** | | | | | | From |  | | | | | To |  | | | | |
| Type & Name of Most Recent Leave: | | | | | | | | | | | | | | | | | |

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| **Will you receive compensation from another institution while on leave?**  Yes  No  **If yes, please explain:**  **\*\*\*Faculty receiving compensation from another institution or employer while on leave should provide documentation detailing the expected compensation and benefits.\*\*\***  **In accepting this competitive leave, research and study assignment or leave without pay (professional), I agree to return to the University following such leave or assignment and complete one full year of service. I agree that if I fail to complete one full year of service at the University following such leave or assignment, I will be liable to repay to the University any compensation and benefits I receive from the University during the period of leave or assignment.** | | | | | | |
| Employee’s Signature: | |  | | Date: |  | |
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| **APPROVED BY** | | | | | | |
| Signatures: |  | | Date: | |  |  |
| *Department Chair/Director* | |  | |  |
|  | | Date: | |  |
| *Dean/Director/Vice Chancellor* | |  | |  |
|  | | Date: | |  |
| *Executive Vice Chancellor & Provost* | |  | |  |
|  | | Date: | |  |
| *Chancellor* | |  | |  |
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**FACULTY LEAVE NOTIFICATION INSTRUCTIONS/DEFINITIONS**

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| **Current Base Salary** | | Salary prior to leave: The faculty member’s base salary (excluding administrative supplements) when not on leave. | |
| **Dates of Leave Assignment** | | For twelve-month employees, actual payroll dates of leave.  For nine-month employees, these dates should be July 1-Dec. 31 or Jan. 1-June 30.  (These are the same dates used on the EPA Web action.) | |
| **Type of Leave Assignment** | | |  |
|  | **Research and Study Assignment** | | Semester assignment for research and scholarly pursuits to support faculty development. Allocations of one semester for every seven faculty may be made through the appropriate dean’s offices. |
| **Internal Competitive Leave** | | Leaves funded from UNC-Chapel Hill funds, i.e., Kenan, Pogue, Reynolds, Institute for Arts & Humanities. |
| **External Competitive Leave** | | Leaves funded from outside sources, i.e., Guggenheim, Fulbright, or other nationally and internationally competitive awards. Any salary top-up requires prior approval of appropriate dean’s office. |
| **Leave without Pay *(Professional)*** | | Leave for research and scholarly pursuits at no pay. This is the applicable type if the employee plans to work at another institution. Continuation of benefits must be pre-arranged with the Benefits Office. |
| **Leave without Pay *(Personal)*** | | Leave granted when other funded leaves are not applicable or earned vacation leave is exhausted. Benefits not provided. |
| **Other** | | Leave that does not fit any of the other categories. Explain. |
| **Leave Location** | | City, State or Country: Where does the faculty member intend to spend most of their time while on leave? | |
| **Purpose** | | Brief description: Include one to two sentences on what the faculty member will do while on leave. | |
| **Total Actual Salary (while on leave)** | | Amount while on leave. This is the actual salary while employee is on leave. | |
| **Salary From State Funds** | | Amount while on leave. Break down the base salary while on leave into the funding sources. | |
| **Salary From Non-State Funds** | | Amount while on leave. Break down the base salary while on leave into the funding sources. | |
| **Salary From Non-University Funds** | | Amount paid to employee directly (not through UNC Payroll) from outside agency or institution. | |
| **Other Compensation, Allowances or Benefits** | | Travel allowances, housing allowances. | |
| **Dates of Most Recent Leave**  **(if any)** | | Provide payroll dates from last Faculty Leave Notification, leave type and name (if applicable). | |
| **Employee Signature** | | Employee must agree to return after select competitive leaves are taken. | |