

# Approval of Professional Improvement Leave

University of Massachusetts Boston

To be completed by Applicant's Supervisor

1. Name \_\_\_\_\_

2. Department: \_\_\_\_\_

3. Title: \_\_\_\_\_

4. Working Title: \_\_\_\_\_

5. Replacement Requirements\*:

6. Priority of this application<sup>†</sup>:

7. Please provide a brief evaluation of the merits of this application, indicating the benefits to be anticipated as a result of this Leave to both the University and the applicant:

8. Recommended or Approved by (completed application including all attachments should be forwarded for review and approval to Department Head, Dean/Director, Vice Chancellor and Chancellor):

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice Chancellor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chancellor/President (if applicable)

\_\_\_\_\_  
Date

\* please refer to the attached Leave description concerning replacement costs of Professional Staff members during Professional Improvement Leave and provide justification for any replacement and the means through which you will fund such replacement.

<sup>†</sup> if other members of your staff will be on Leave during this period, please indicate on a separate sheet, the names and dates of their Leaves and the priority which you would assign to each of these Leaves (including to this application) in the event that not all Leaves may be approved simultaneously.

Please see description of Professional Improvement Leave attached