ARTS & SCIENCES

Faculty Leave Request

*Complete the bottom portion if you will receive any non-Duke pay through the Duke

Year: _____________________

Name:

Department:

Leave probability (circle the appropriate description):

Definite               Contingent on funding application               Contingent on reappointment/tenure

Type of Leave:
Sabbatical
___ one semester full pay;   Which semester:   fall   spring
___ two semesters half pay
___ two semesters half pay plus non-Duke pay through Duke*

Accelerated Sabbatical
___ one semester full pay;   Which semester:   fall   spring
___ two semesters half pay
___ two semesters half pay plus non-Duke pay through Duke*

Junior Research Leave
___ one semester full pay;   Which semester:   fall   spring
___ two semesters half pay
___ two semesters half pay plus non-Duke pay through Duke*

Leave of absence
___ without pay   Which semester:   fall   spring   both
___ without pay from Duke but with non-Duke pay through Duke*

Dean's Leave (Use only for fulfilling past commitments and new competitive Dean’s Leaves, which are restricted to PoPs)
___ one semester full pay;   Which semester:   fall   spring
___ two semesters half pay
___ two semesters half pay plus non-Duke pay through Duke*

Others
___ John Hope Franklin Seminar
___ SSRI
___ Short-Term Disability Leave with tenure clock relief   yes -- no
___ Parental Leave** with tenure clock relief   yes – no
___ Primary Caregiver tenure clock relief**
___ Other:   Please give a brief description

**Complete and attach the affidavit at: http://www.hr.duke.edu/parental_leave/request.pdf

If you will receive pay from a non-Duke source but through the Duke payroll system, please give as much of the following information as possible. After the leave is approved and before it begins, please assure that your departmental administrative assistant has supplied all this information to the Office of Finance and Administration, 109 Allen Building. Remember that all salary paid through Duke is charged the standard fringe rate.

*Code to be charged: ____________________________________________

The period this arrangement will cover: _____________________________

The monthly salary rate charged to this code: ________________________