

Request for
[NON-SABBATICAL] LEAVES OF ABSENCE
Case Western Reserve University School of Medicine
All materials to: Office of Faculty Affairs and Human Resources
School of Medicine, W171, location code 4915
Fax: 216/368-3013

MS Word Export To Multiple PDF Files Software - Please purchase license. Faculty member:

First name	Middle initial	Last name	Degree
------------	----------------	-----------	--------

Department: _____

Beginning and ending dates of the proposed leave: _____ to _____

Previous leave history: ___ date of previous leave(s) _____

or

___ Candidate has not taken a leave of absence as a CWRU faculty member

Application Check List
(see Faculty Appointments, Promotions and Tenure Procedures Manual for more detail)
<http://casemed.case.edu/facultyaffairs/>

- The faculty member's request and detailed plan for the leave
- The department chair's letter of support (this letter must address how the faculty member's responsibilities will be covered during the leave period and the financial support, if any, being provided by the department (**Note:** neither the medical school nor the university provides additional funds to the department or the individual to support leaves of absences.))
- The faculty member's curriculum vitae

For a description of and requirements for a [Non-Sabbatical] Leaves of Absence, please refer to the Faculty Handbook - (<http://www.case.edu/president/facsen/frames/handbook/CASEFH2006.pdf>)