

**APPLICATION FOR ACADEMIC LEAVE OF ABSENCE
PART II – Chair Recommendation**

As context for your remarks, please review the information on academic leaves in the UR Faculty Handbook and school-specific guidance <https://www.rochester.edu/provost/academic-resources/academic-policies-procedures/>

Name of Applicant _____ Department _____

What is your recommendation for this leave? _____ Support _____ Support as modified below _____ Deny

Discuss the basis for your recommendation, including: 1) a candid assessment of the benefit to the individual and potential success of the leave, including at the person’s particular career stage; 2) the broader benefit of the leave to the department and to the university, including in areas such as the development of new curriculum, research or scholarly interactions; 3) the timing of this leave in the context of the benefit to the individual and staffing considerations; 4) any special considerations affecting this leave request, including recommended modification. Append additional information as necessary.

List grant-related activities that will need to be covered by others during the proposed academic leave, if any. Indicate replacement plans and potential costs for coverage. Attach additional pages if necessary.

| Grant | Role | Anticipated coverage | Anticipated cost |
|-------|-------|----------------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

List courses currently taught or that would have been taught by the applicant during the leave period, if any. Indicate plans (e.g., current faculty, adjunct, visitor) and potential costs for coverage. Attach additional pages if necessary.

| Course | Anticipated enrollment | Required for major, minor or cluster? | Anticipated Coverage | Anticipated cost |
|--------|------------------------|---------------------------------------|----------------------|------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

List student advising responsibilities that will need to be covered by others during the proposed academic leave, if any. Indicate replacement plans and potential costs for coverage. Attach additional pages if necessary.

| Student Name or Group | Role | Anticipated coverage | Anticipated cost |
|-----------------------|-------|----------------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please note: At the conclusion of the leave and before the beginning of the subsequent semester, the leave recipient should submit a brief written report on work undertaken as part of the academic leave following the established guidelines.

Signature _____ Date _____