

A special leave may be approved in instances such as grant responsibilities, opportunity for a prestigious fellowship in residence at another institution, or similar activities of benefit to the individual faculty member and the university. Approval of the provost or executive vice president and chief operating officer, depending upon the reporting structure, on recommendation of the department head, chair, or school director, and dean (or appropriate administrator) is required when such absences involve salary payment by university general funds, either in full or in part. Such authorization is usually not granted for longer than one year.

Externally funded reimbursements or allotments for travel, temporary relocation, and other expenses associated with the proposed leave may be approved. Documentation of all external earnings and expected payments is required and must be reviewed and approved by the department head, chair, or school director, dean and provost.

Faculty members approved for special leave agree to furnish an appropriate description of the work and a report of accomplishments to the provost, dean, and department head or school director within 60 days of return to full-time status.

**Please submit this completed form along with any applicable documentation of external earnings and expected payments to Faculty Affairs ([facultyaffairs@vt.edu](mailto:facultyaffairs@vt.edu)) for review and approval.**

If any changes need to be made to an approved Special Leave, please contact Faculty Affairs.

Name	_____
Faculty Rank/Title	_____
<b>Last 7 digits</b> of VT ID Number	_____
Department	_____
Name and location of host institution or organization	_____
Dates of requested leave	_____
Proportional VT salary while on leave*	_____

\*contact your college's Human Resources Division Director, or Faculty Affairs ([facultyaffairs@vt.edu](mailto:facultyaffairs@vt.edu)) before completing this part of the form.

Description of activities to be undertaken during the special leave that are of benefit to the individual faculty member and the university. (e.g., prestigious award in residence, grant responsibilities, etc.).

Department or college staffing plan (including, but not limited to course coverage arrangements and plans for continued supervision of graduate students).

Faculty Member signature	Date
Department Head signature	Date
Department Head name (please print)	
Dean signature	Date
Executive Vice President and Provost signature	Date

**Next section to be completed by department/school HR/fiscal officer**

Position Number:		Leave Start Date:	
Department Number:		Leave End Date:	

	Original / Present	Requested
Base Salary	\$	\$
Administrative Stipend (Greater than one year)	\$	\$
Faculty Eminent Scholar Stipend +	\$	\$
Cost of Living Stipend	\$	\$
<b>Total Annual Salary</b>	<b>\$</b>	<b>\$</b>