

**UNIVERSITY OF SOUTH FLORIDA
USF HEALTH APPLICATION FOR
PROFESSIONAL DEVELOPMENT LEAVE
MCOM, CON, CPH, COP
Academic Year 2017-18**

Instructions: This form is a Word document and is intended to be completed by using the PC. Save it to Word to ensure you will have a copy. Complete your saved copy of the form. The grey spaces will expand to accommodate the text that you enter. To check a box, just click on it. To expedite completion of the form, you may use the tab or forward arrow key to go to the next grey space. You may change your responses. Return to a previous space by using the back arrow key. The arrow keys are on the right half of the keyboard. Submit this completed and signed application and all supplemental materials no later than the date indicated on the timetable

Name:		Department:	
Academic Rank	Date in Rank:	Date Tenured	Date of Initial USF Employment:
College: <input type="checkbox"/> Medicine <input type="checkbox"/> Nursing <input type="checkbox"/> Public Health <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other within USF Health			
In accordance with the purpose, eligibility, and terms of the professional development (PDL) program, I hereby apply for a PDL from to			
Support Requested: <input type="checkbox"/> 39 weeks Half Salary <input type="checkbox"/> 19.5 weeks full salary <input type="checkbox"/> Other (<i>describe</i>)			
<input type="checkbox"/> Yes <input type="checkbox"/> No I plan to receive supplemental income during the PDL period. If yes, describe the form/nature and source of the income. <input type="checkbox"/> Yes <input type="checkbox"/> No I plan to receive income from a USF grant/contract. If yes, I append my Chair's/Director's written verification that the conditions stipulated in the USF Health PDL Policy for receipt of USF grant/contract salary have been met.			
1. List all absences (do not include incidental use of sick and/or annual leave) since date of initial USF employment (e.g., leave without pay, Fulbright, prior sabbatical leaves, etc.) and indicate whether or not you were paid by USF during the leave:			
DATES	PURPOSE	Was the time of absence with pay from USF?	
to		<input type="checkbox"/> Yes <input type="checkbox"/> No	
to		<input type="checkbox"/> Yes <input type="checkbox"/> No	
to		<input type="checkbox"/> Yes <input type="checkbox"/> No	
to		<input type="checkbox"/> Yes <input type="checkbox"/> No	
to		<input type="checkbox"/> Yes <input type="checkbox"/> No	
to		<input type="checkbox"/> Yes <input type="checkbox"/> No	
to		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Outline of proposed PDL. Limit to three pages. If completed on the PC, this space will expand to accept the text entered.			
3. Enumerate the benefits of your PDL program to:			

Yourself:	
The University/College/Department:	
Your profession/discipline:	
4. Describe here or by accompanying letter any additional information which you deem worthy of consideration:	
5. If you are applying for a one-semester, full pay PDL or a two-semester 1/2 pay PDL, describe what can be accomplished by your proposed PDL that otherwise could not be accomplished (e.g., The need for off-site work, concentrated blocks of time, etc.) and the probability of successful completion of your PDL goals.	
6. Describe how your usual assigned duties will be covered during your absence:	
7. I attest that the information in this application is correct and truthful. I understand that if this request is approved, the PDL leave is considered assigned duties and I will be evaluated on such in a manner appropriate to the assigned duties involved. I also understand that I will provide data for evaluation while I am on leave that is consistent with the purpose of this PDL leave. I further understand and commit to returning to full-time employment with the USF Health for a minimum of one full year following completion of this PDL. I understand that I will provide a written report of my PDL activities/accomplishments within 30 days of return from PDL.	
Faculty Member's Signature	Date
8. Approvals	
Signature Department Chairperson or Equivalent	Date
Signature Chair, Department APT Committee (if applicable)	Date
Signature Chair, College PDL Review (if applicable)	Date
Signature College Dean	Date
Signature Chair, USF Health PDL Committee	Date

02/24/17