

## Professional Development Leave (PDL) Program Application

Academic Year 2022-2023

**DEADLINE: 5:00 p.m. Friday, February 25, 2022**

**Applications received after this deadline will not be considered.**

**Submit electronic submissions only to: AA-BAP@usf.edu**

**Date:** \_\_\_\_\_

**To:** Academic Affairs - Department/Unit

**If approved, I would plan to take my PDL in:**

- Fall Semester 2022    
  Spring Semester 2023    
  Two Semesters at One-Half Pay (Fall and Spring)

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Job Classification:** \_\_\_\_\_

- Salary source:**     E&G
- Grant/Contract (Attach a copy of permissive language from grant/contract which provides for professional development leave with pay)

**Department/Unit** \_\_\_\_\_

**College** \_\_\_\_\_

**Campus** \_\_\_\_\_

**Date of Initial USF Employment** \_\_\_\_\_

**Term of Last PDL (if applicable):** \_\_\_\_\_

**Type of Last PDL**     One Semester/Full Pay\*     Two Semesters/Half Pay

*\*If the applicant has had a prior one semester at full-pay Professional Development Leave, then they must attach a narrative to show what was produced during the prior leave and its benefits to the university and the employee.*

*Account for all absences from full-time teaching since date of initial USF employment, other than Professional Development Leave. For example: leave without pay, Fulbright, departmental release time, sponsored research, etc.*

*\*Indicate "with" or "without" pay.*

Date	Purpose	Pay*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A. Attach a detailed description of the project/work to be accomplished during the PDL including a specific set of objectives and how they would be accomplished. (**Not to exceed 3 pages total**).

B. Describe the benefits of your proposed sabbatical to:

(1) Yourself (max. 800 characters)

(2) The University (max. 800 characters)

(3) Your Profession/Discipline (max. 800 characters)

C. Does the PDL work plan require travel or the expenditure of funds for expenses or equipment? (If so, explain, including a statement of your plans to obtain such funding.)

D. Report here or by accompanying letter any additional information that you deem worthy of consideration by the selection committee.

**Immediate supervisor:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Signature only indicates awareness of application

**Unit administrator (e.g., department chair, director)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Signature only indicates awareness of application

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE PEER COMMITTEE:**Does the application satisfy the minimum requirements?  Yes  No

(If no, the rating assigned should be "4" - not recommended for approval.)

- Rating:**
- 1 Highest recommendation, recommended for approval
  - 2 Good proposal, recommended for approval
  - 3 Marginal proposal, recommended for approval
  - 4 Not recommended

**Peer Committee Chair:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please Note: Failure to complete this application in full and to submit on time with respect to deadlines established by your college/unit will result in non-consideration. Applications completed in full, including peer committee ratings, must be received (Electronically) in the Office of the Provost no later than 5:00 p.m. Friday, February 25, 2022.***