

[NON-SABBATICAL] LEAVES OF ABSENCE CHECKLIST

Case Western Reserve University School of Medicine

Submit all materials to: somFacultyApptMaterials@case.edu

Forms, templates, and more detail: <http://casemed.case.edu/facultyaffairs/>

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>)