

PAT Leaves for Professional Development

Leave for professional development is an opportunity to attain new skills or knowledge in a manner that will enhance a employee's performance and be of specific benefit to the department, college, campus, and/or the University System. Leaves may be external (off-campus) or internal (campus/System). External leaves may include degree program endeavor. Internal leaves may involve administrative internships, position exchanges or USNH degree program pursuits.

Each application for leave is reviewed solely on the basis of its merits. It is recognized that the approval of a leave for a PAT staff member may create difficulties in securing replacements during the term of the leave. The University will give sufficient priority, however, to providing those resources necessary to support acceptable proposals. If a leave is not possible at the time requested by the employee, arrangements may be made between the University and the staff member for a leave at a subsequent, mutually agreeable time.

Eligibility: PAT staff members, who have been employed with the University System for at least three years in a status position of 75% time or more, may apply for a leave for professional development. Each application is reviewed on its own merits and availability of funding. Prior leaves shall be excluded in determining eligibility for subsequent leaves of absence for professional development.

Duration of Leave: The leave may be of varying duration, depending upon the number of calendar years of service, not to exceed one month at full pay or two months at half pay per calendar year of service up to a maximum of six months at the employee's full pay or 12 months at the employee's half pay with benefits continuation.

The following criteria and procedures will apply in the review and approval of proposals for PAT leaves for professional development:

1. Submit request at least two (2) months before the start of the leave. Application forms are provided through UNH Human Resources.
2. Applications for leave must include the written endorsement of the immediate supervisor, the appropriate Dean, Director or other administrative officer, and the Vice President. Final approval of a leave is granted by the President or his/her designee.
3. If the application for leave is denied at any step, the PAT staff member will receive written notification with any recommendations for alternative direction. Request for a denied leave may not be resubmitted without substantive changes.
4. PAT staff members, who receive approval of their request for Leave for Professional Development, are expected to return to employment within the University System for a period of time agreed to at the beginning of the leave or reimburse the University the full amount of salary and benefits paid during the leave.
5. PAT staff members, who have received Leave for Professional Development, will be returned to their former positions at the conclusion of the leave or, by mutual agreement with the University, to a position that is at least the equivalent of the former position.

APPLICATION FOR PAT LEAVE FOR PROFESSIONAL DEVELOPMENT
(TO BE SUBMITTED BY APPLICANT TO SUPERVISOR)

Date: _____

1. Name and Title: _____
Department: _____

2. Length of service: Hire Date _____ years _____ months

3. Type of leave for which application is submitted: ' External Leave ' Internal Leave
' Leave w/ Full Pay (up to six months)
' Leave w/ Half Pay (up to twelve months)
' Leave w/o Pay
____ Less than 120 Days
____ More than 120 days
Will benefits extend beyond 120 days? ___ yes ___ no
If yes, _____
Supervisor's/Principal Administrator's Signature

4. Dates of Proposed Leave: _____ to _____

5. What is the specific benefit of this leave to your department, college and/or the University?

6. If this leave involves an administrative internship, position exchange or degree program pursuit, please explain.

7. Please attach a written proposal describing the program or project to be undertaken.

Signature of Applicant / Date

This application is submitted with the understanding that all leaves of absence granted by the Board of Trustees are governed by UNH/USNH leave policies.

TO BE COMPLETED BY SUPERVISOR

1. Applicant's leave proposal is ' Supported ' Not Supported
2. Please evaluate the applicant's program for leave of absence. If leave is not supported, please suggest alternative recommendations.

3. Please indicate the arrangement(s) to be made to fulfill the duties and responsibilities of the position for which the applicant is normally responsible, including the re-assignments or replacement of personnel and related costs.

Supervisor Signature _____ Date _____

Dean/Director Signature _____ Date _____

Vice President Signature _____ Date _____

President/Designee Signature _____ Date _____