

Faculty Development Leave Agreement

Faculty Development Leave Agreement In accordance with Texas A&M University-Commerce Procedure Number 12.99.01, I agree that I have read and understand this procedure relating to Faculty Development Leave, and I have received a copy prior to signing this agreement.

I agree to serve two full-time consecutive academic years after completion of my faculty development leave. I understand I am required to reimburse the University in the amount received as salary from Texas A&M University-Commerce while on leave if I do not fulfill the two years of service following my development leave.

Should I desire to extend my leave without pay subsequent to completion of the leave, I understand I may do so by agreement with the administration of Texas A&M University-Commerce. In this event, the two years of obligated service will commence at the termination of the extended leave period.

I understand death or permanent disability attested to by a medical doctor shall be the only exemptions from fulfilling this agreement.

In accordance with Texas A&M University-Commerce Procedure 12.99.01, I agree to present the Department Chair, Dean and Provost a brief written report within ninety days on accomplishments resulting from the leave.

Faculty Member:

Signature

Date

Name (typed or printed)

Witness

Provost:

Signature

Date

Name (typed or printed)

Witness