

ACADEMIC LEAVE OF ABSENCE FINANCIAL

INFORMATION FORM

University of Rochester School of Medicine and Dentistry

This form may be digitally completed and signed.

PART I: To be completed by applicant

Name _____ Department _____

Components _____ Dates of Requested Leave _____, 20_____, _____, 20_____

Acceptance of University contribution toward salary and benefits places an obligation on the recipient to return to the University at the conclusion of the leave.

PART II: To be completed by Chair

Current Faculty Salary: \$ _____

University Salary While on Leave: \$ _____

Current Distribution:

Distribution of Salary While on Leave:

FAO _____ %

from Benefits Pool _____ %

FAO _____ %

FAO _____ %

FAO _____ %

FAO _____ %

FAO _____ %

FAO _____ %

FAO _____ %

FAO _____ %

Post Leave FAO (for placeholder purposes only)* FAO _____ %

*required

_____ Full University Benefits

Applicant Signature

Chair Signature

Submit electronically via departments designated Box folder