



OHIO
UNIVERSITY

Faculty Fellowship Leave Recommendation

Name: _____ Employee ID #: _____

Dept./School: _____ College: _____

Present Rank: _____ Campus Address: _____

Number of years since last Faculty Fellowship Leave: _____ **OR**

Number of years at Ohio University without a Faculty Fellowship Leave: _____

Period of Requested Leave: _____ to _____
month/day/year month/day/year

Brief discription of project: (two or three sentences)

I understand that I will be responsible for repaying any salary and benefits I receive if selected for a Faculty Fellowship Leave and I do not return to Ohio University after its completion.

Faculty Signature: _____ Date: _____

Administrator Name
(please print/type)

Recommended

NOT Recommended

Department/School Committee Chair

Signature

Signature

Date

Department Chair/School Director

Signature

Signature

Date

College Committee Chair

Signature

Signature

Date

Dean

Signature

Signature

Date

Executive VP and Provost

Signature

Signature

Date

Roderick J. McDavis
President

Signature

Signature

Date