



**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