

**TEXAS COOPERATIVE EXTENSION
PROFESSIONAL IMPROVEMENT LEAVE
APPLICATION FORM**

Name _____ Title _____

Address _____

Total years with Extension _____ Dates Employed: From _____ To _____

LEAVE REQUEST (Check type of request)

- Pursue/complete advanced degree (*complete degree information*)
 Professional Leave (*see professional leave information*)

No. Of months requested _____

Salary Level (check one): Half Salary (7-12 months)
 Full Salary (1-6 months)

Beginning Date _____ Ending Date _____

Do you plan additional leave without pay? Yes No – If yes, give dates _____

Have you ever been granted professional improvement leave before? Yes No

Agents Only: Has the county Commissioners' Court agreed to:
 Pay the county portion of the agent's salary while on leave? _____
 Hold the position vacant during that time? _____

DEGREE INFORMATION

Will this complete your degree? _____ University to attend _____

Degree _____ Major _____

Have you been accepted into the graduate program of this college or university? _____

How many credit hours have you completed? _____ Have you filed an official degree plan? _____

Specify how the proposed educational training will help in fulfilling your current/future job responsibilities.

PROFESSIONAL LEAVE INFORMATION

Continued



If you are requesting leave to engage in a professional development experience, you must prepare a brief but thorough proposal that includes the following: purpose of the professional leave, goals of the study or project, cooperative agencies/universities, and outcomes anticipated. Attach the proposal to this request form. (Note: study leave may also be considered for professional leave. Please refer to the publication "Opportunities to Pursue Graduate Study and Professional Development.")

If approved, I agree to return to my present or a comparable position with the Texas Cooperative Extension for at least one year after completion of professional improvement leave.

Employee Signature: _____ Date: _____

(Please complete, sign and submit four copies to your immediate supervisor)

SUPERVISOR'S RECOMMENDATION/APPROVAL

Do you recommend approval of this request? (Check one below)

No

With Reservation

Highly Recommended

Without Reservation

Comments:

Signature of Immediate Supervisor

Date

APPROVAL RECOMMENDED:

Yes

Signature of State Leader/Administrative Staff Supervisor

Date

No

Approved

Signature of Director

Date

Disapproved

One copy to Extension Education, 148 Scoates Hall, Texas A&M University, College Station, TX 77843-2116