

MU Extension Paid Development Leave Application *

Name _____		Position _____	
Work address and e-mail _____			
I hereby make application for _____ days of paid development leave, with the understanding that I will use accumulated leave time for up to one month (24 days) of this period. The leave will be taken _____ through _____.			
I plan to use the leave for _____			

<ul style="list-style-type: none">• I have notified my county council of my plans for program coverage (regional faculty only).• I agree to continue to work for University of Missouri Extension for one year after completion of the semester study leave or refund the salary paid (except for annual leave) during the study period.			
Sign: _____		Date: _____	
This application is agreed to and approved by both the applicant's direct supervisor/Regional Director and Program Director (if applicable).			
_____		_____	
Direct Supervisor/Regional Director Sign/Date		Program Director Sign/Date	

Deadlines: April 1 for Fall Semester
Sept. 1 for Winter Semester
Feb. 1 for Summer Semester

Send completed form to MU Extension HR

* For eligibility, see MU Extension Paid Development Leave Guidelines

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