

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: **Feb. 1 for summer session**
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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