**CHAIR / DIRECTOR TEMPLATE LETTER TO DEAN TO REQUEST PARTIAL LEAVE PAYOUT**

DATE

MARK T. GLADWIN, MD

*Dean, University of Maryland School of Medicine*

*Vice President for Medical Affairs, University of Maryland Baltimore*

*John Z. and Akiko K. Bowers Distinguished Professor and Dean*

Dear Dr. Gladwin:

In accordance with the [UMB Policy on Compensation for Accrued Annual Leave for Faculty](https://www.umaryland.edu/policies-and-procedures/library/faculty/policies/ii-240a.php), Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has requested a leave payout as indicated below based on a proposed reduction in percent effort.

For you reference, attached as part of our request packet are the following documents:

* Current Faculty Appointment Information Sheet (FAIS) or Faculty Appointment Renewal Information Sheet (FARIS)
* Proposed new FAIS or FARIS (including updated leave payout limit)
* Most recent copy of Dr. \_\_\_\_’s timesheet showing available accrued annual leave balance

In summary, the relevant information is as follows:

* Current Percent Effort: \_\_\_\_% (attach copy of current FAIS or FARIS)
* New proposed Percent Effort: \_\_\_%
* Total Amount of Annual Leave Eligible for Payout: \_\_\_\_(attach FAIS or FARIS Letter G and recent timesheet printout showing available annual leave balance).
* Hours of Leave Being Requested Paid Out at this Time: \_\_\_\_ hours
* Hourly salary rate immediately prior to change: $\_\_\_/hour **Please see 2b. of instructions**
* Amount of Leave Being Requested Paid Out at this Time: $\_\_\_

 Disclosure: A partial leave payout [WAS/WAS NOT] previously requested. Amount of that request; if applicable, was \_\_\_\_\_\_\_\_\_\_\_ hours.

With my signature below, I attest that the above information is accurate to the best of my knowledge. If you require any additional information, I am available to discuss this request at your convenience.

**Disclaimer: The amount of leave payout listed above is based on the day the faculty member signs this letter. Actual amount paid may be decreased if leave is taken after this date.**

Sincerely,

Professor & Department Chair (Co-Signed by Director as Applicable)

cc: Lisa Kummer

Requestor’s

Signature: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

 Faculty Member Name

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

 Dean or Dean’s Designee

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

 UMB Provost