



New Jersey Medical School

Office of Faculty Affairs
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FACULTY PROFESSIONAL LEAVE

NAME: _____

EFFECTIVE DATE: _____

DEPARTMENT: _____

LEAVE TYPE: ___ PAID ___ UNPAID

REQUIRED DOCUMENT(S)	DATE SENT TO FACULTY AFFAIRS	DATE REC'D IN FACULTY AFFAIRS	RESPONSIBLE PARTY
• Letter from Faculty to Chair			Department
• Letter from Chair to Dean			Department
• Letter from Dean to Chancellor			Office of Faculty Affairs
• Host Letter			Department
• CV			Department
• G/L String			Department
<u>Complete Process:</u>			
1. Prepare FTF/Upload into Perceptive Content			Office of Faculty Affairs
2. Finance approval			Office of Faculty Affairs
3. Dean's approval			Office of Faculty Affairs
4. RBHS approval			Office of Faculty Affairs
5. Send FTF to UHR			Office of Faculty Affairs
6. Update FIS			Office of Faculty Affairs
7. Prepare and Email Confirmation Letter			Office of Faculty Affairs
8. File Documents			Office of Faculty Affairs

* Professional Leaves must be submitted at least one (1) month prior to effective date.