Fillable Form

CONSENT FORM
FOR
PERIODIC PAID RESEARCH AND HOME LEAVES

Excerpts From Rules And Regulations Governing Periodic Paid Research And Home Leaves
(For more information refer to Policies on Benefits and Allowances for Academic Personnel)

1. An appointee granted **Periodic Paid Research Leave** in accordance with Policies on Benefits and Allowances For Academic Personnel is required to return to the University and **complete at least two consecutive semesters of active services for each full year of Periodic Paid Research Leave and complete at least one semester of active service at the conclusion of one semester Research Paid Leave**. **An appointee who receives full home leave is required to return to A.U.B. and complete at least one year of active service.**

2. If an appointee fails to satisfy the above requirements following the conclusion of his/her Periodic Paid Research Leave or Home Leave, he/she must repay depending on the period served after his/her return, all or a prorata portion of the salary and of the travel allowance received from the University.

DATE_____

Director of Human Resources
American University of Beirut

I have read and understand the Policies on Benefits and Allowances for Academic Personnel including the Periodic Paid Research and Home Leaves and agree to apply them in full.

1. My Home or Periodic Paid Research (cross out one) leave will begin on

   _____ and end on_____.

2. During my Leave (check the appropriate item):

   (a) None of my family who are residing with me will travel with me and accordingly, they will not be entitled for Travel Allowance.

   (b) The following members of my family who are residing with me in Lebanon will accompany me on my periodic research leave to the same destination to reside with me during the period of my periodic research leave.

   (c) The following members of my family who are residing with me in Lebanon will travel to my Home or other approved destination within the duration of the Home Leave or within two months immediately preceding my Home Leave.

   Spouse:_____

   Eligible Children: 1._____ 3._____

   2._____ 4._____

I would like to have my Home Leave:

☐ **Paid in Cash** ☐ **Ticket**

_____ _____
Dean's Approval Employee's Signature

_____ _____
Date NAME IN BLOCK LETTERS