Purpose

West Virginia University recognizes the benefits of professional development and encourages such development among its employees. Professional development opportunities may be useful in enhancing the effectiveness of the institution's contributions in the areas of teaching, research and service. Although the University's faculty and non-classified staff often engage in independent professional development activities, WVU also endeavors to maintain various programs to assist in professional development efforts. The formal program described in this policy is only one of the discretionary mechanisms that may be used to contribute to the professional development of faculty and non-classified staff.

Eligibility

Any person designated by the President as holding full-time faculty status or who is a full-time non-classified staff member is eligible to be considered for participation in this Professional Development Program after the completion of at least four years of continuous full time employment at West Virginia University. Leaves of absence without pay are not normally credited toward eligibility for participation in this Professional Development Program. In some instances, the employee will request to participate in the Professional Development Program. In other instances, the employee’s supervisor may recommend such participation. The maximum length of the employee’s professional development activity will be determined in accord with the table below. After completing an approved Professional Development Program, such persons shall not again be eligible for participation in this program until the subsequent year specified below. Separate summer school employment shall not be considered in determining eligibility for participation in the program.

Conditions

Participation in the Professional Development Program for faculty and non-classified staff is not automatic. Participation is at the University’s discretion and shall depend upon the merit of the request, the needs of the unit and University, and the conditions prevailing in the unit and University at the time. The unit and the University may consider any relevant factor when reviewing a development activity request, including, for example, the availability of coverage for other assigned duties, disruption that such participation may create in the academic program or unit, the availability of funding, and operational needs of the unit. Units may identify additional criteria for the review of requests that elaborate on those specified by the University. Units may also specify procedures for the
reviews of such requests such as the review through a peer review committee process. Recommendations that an employee’s participation in the program be approved will be reviewed by that employee’s immediate supervisor, dean or director, the appropriate vice president, and the President.

Individual units may establish appropriate limits on the number of employees who may participate in any one semester. Normally, no additional funding will be made available to a unit to support employee participation in the Professional Development Program. All needed funding must be provided by the employee’s unit.

Professional Development Program participation may be based on any activity or form of continuing education that contributes to the enhancement of the skills of the employee and the mission and goals of the unit and University. An employee’s professional development program may focus on the enhancement of research, other scholarship, teaching, other instruction, or service.

Professional Development Programs may vary in length, depending upon the proposed activity and maximum length eligibility described in the table below. Programs approved under this formal policy may be longer than one month but no longer than one year. Activities requiring less than one month will be dealt with through the reassignment of duties, by an unpaid leave of absence, or by other appropriate arrangements.

Whether the time spent by a probationary faculty member on a professional development activity will apply toward the calculation of that faculty member’s critical year for the purposes of tenure will be determined and specified in writing in advance of the activity.

Length of Professional Development Program

The maximum length of a professional development activity and eligibility for a subsequent development participation will be in accord with the below table. Participation in a professional development program is on a full-time basis.

I. Twelve Month Employees

<table>
<thead>
<tr>
<th>Maximum Length of Program/Pay</th>
<th>Prior Service/Subsequent Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 4 months at full pay</td>
<td>4 years</td>
</tr>
<tr>
<td>Up to 8 months at half pay</td>
<td>4 years</td>
</tr>
<tr>
<td>Up to 5 months at full pay</td>
<td>5 years</td>
</tr>
<tr>
<td>Up to 10 months at half pay</td>
<td>5 years</td>
</tr>
<tr>
<td>Up to 6 months at full pay</td>
<td>6 years</td>
</tr>
<tr>
<td>Up to 12 months at half pay</td>
<td>6 years</td>
</tr>
</tbody>
</table>
II. Nine, Ten and Eleven Month Employees

<table>
<thead>
<tr>
<th>Maximum Length of Program/Pay</th>
<th>Prior Service/Subsequent Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 3 months at full pay</td>
<td>4 years</td>
</tr>
<tr>
<td>Up to 6 months at half pay</td>
<td>4 years</td>
</tr>
<tr>
<td>Up to 3.5 months at full pay</td>
<td>5 years</td>
</tr>
<tr>
<td>Up to 7 months at half pay</td>
<td>5 years</td>
</tr>
<tr>
<td>Up to 4.5 months at full pay</td>
<td>6 years</td>
</tr>
<tr>
<td>Up to 9 months at half pay</td>
<td>6 years</td>
</tr>
</tbody>
</table>

The instructional obligations of employees must be considered when approving participation in the Professional Development Program. In some instances, those obligations may require that the participation of an employee be in semester-long increments or in other time periods that fit with the instructional obligations of that employee.

To illustrate the use of this table, a nine month employee would, after five years of continuous full-time employment, be eligible for a Professional Development Program that would have a maximum length of 3.5 months at full pay or 7 months at half pay. Such an employee would not again be eligible for a Professional Development Program until after the fifth subsequent year. After the fifth subsequent year, the employee would be eligible for one of the maximum participation periods specified after four or five years of employment. That employee would not be eligible for the maximum participation possible after six years of employment until after the sixth subsequent year.

Tenured faculty members who are eligible for the sabbatical leave are also eligible for participation in the Professional Development Program, as well as other forms of professional development. Following such participation, the eligibility period for the relevant program will apply. For example, a tenured faculty member participating in a Professional Development Program after his/her fourth year of employment would not be eligible to apply for a sabbatical leave until the sixth subsequent year.

Compensation

An employee participating in the Professional Development Program shall receive full salary for a development activity for no more than the relevant time period specified in the above table or half salary for a development activity of no more than the relevant time period specified in the above table. If the employee's salary is not paid wholly from state funds allocated by the Board of Trustees, the immediate supervisor and dean/director shall so inform the appropriate vice president and President and provide additional written justification for his/her
recommendation for participation under such circumstances. The additional written justification will include the proposed source of funding for the program and agreement of the funding source to the proposed use of funds for this purpose.

Obligations of the Employee

An applicant for the Professional Development Program shall submit to his/her immediate supervisor, dean/director, the appropriate vice president, and the President, a detailed written plan of activity which he/she proposes to follow.

The employee shall sign a statement indicating he/she is aware of and agrees to all the conditions of participation in the Professional Development Program as specified herein and in any other agreements relating to said participation.

Persons participating in the Professional Development Program are expected to devote their full energies to the purpose of the Program. Thus, while participating in the Professional Development Program, the employee may not accept other remunerative employment without the written consent of the President. The total income attributable to participation in the Professional Development Program shall not normally exceed the employee’s regular salary. Fellowships, grants, assistantships, and similar stipends related to the purposes of the approved Professional Development Program shall not be considered remunerative employment.

Upon completion of participation in the Professional Development Program, the employee shall file with the immediate supervisor, dean/director, appropriate vice president, and the President a written report of his/her development activities.

The employee is obligated to return to the University for a period at least twice that of the participation in the Professional Development Program if the rate of pay is at full salary and at least equal to the period of the participation if the rate of pay is at half salary. Failure to return will obligate the employee to reimburse the University fully for the salary received during the period of program participation. However, if such failure is caused by actions of the University, the President may excuse the employee from the obligation to reimburse the University for professional development pay. In the event of death or permanent disability due to ill health or accident while participating in the Professional Development Program, the University will not exercise its right of repayment. An employee's institutional position, status, and rank shall not be affected solely by his/her absence.

Policy Revisions

Before adopting any revisions in this policy, the President or his/her designated representative will consult with the Faculty Senate and any other representative
on-campus body that may include employees covered by the policy, the Deans’ Council, and any others he/she deems appropriate.

A Professional Development Program Advisory Committee shall be appointed by the President to assist with the implementation and periodic review of the policy. The Advisory Committee may assist in the development and revision of the applications forms for program participation, consult, when requested, with various administrators charged with approving program participation, and suggest appropriate revisions to the policy.

Adopted: December, 1991
PROFESSIONAL DEVELOPMENT PROGRAM APPLICATION

[Revised August 2000, re-issued October 2007]
Suggestions for completing Professional Development Program Application

The following suggestions are based on observations of applications submitted in the last few years. Attention to these matters will help assure that review of an application is not delayed while the information is obtained. If you have questions about items not covered below, call Debbie at x2530.

1. Summary Sheet

Please note that participation in the Professional Development Program is considered twice each year: fall semester and full year participation are considered early in the spring semester; spring semester participation is considered in the previous summer.

2. Application

A. Detailed answers must be provided for Item 3, (Professional Development Program (PDP) Application for Faculty and Non-Classified Staff- Page 1) “Coverage of Duties,” particularly with regard to teaching and advising duties.

B. Detailed information is needed in the responses to Item 5, (Professional Development Program (PDP) Application for Faculty and Non-Classified Staff- Page 3), “Leave Activities,” particularly sections a, b, and h. Specific objectives, enough detailed information about your plan, and sufficient detail about the ways in which the institution will benefit from your leave must be provided so that it will be evident you have made careful and reasonable plans for this leave.

3. Agreement Form

One (original) notarized agreement form is needed.
WEST VIRGINIA UNIVERSITY

Professional Development Program (PDP) Application for Faculty and Non-Classified Staff
(Summary Sheet, p. 1)

Name:___________________________________________ Date:___________________

If you have not read the Sabbatical Leave policy or the Professional Development Program policy for faculty and non-classified staff, please do so before completing this application. A copy of the appropriate policy may be viewed above.

Submitted for possible participation in:

_______ July through December, OR the fall semester
- PDP Application due the previous spring semester
  - due Jan. 3: in Chairperson's Office
  - due Jan. 14 in Dean’s Office
  - due Feb. 1 and in Provost/Vice President's Office

_______ January through June, OR the spring semester
- PDP Application due the previous summer:
  - due June 30 in Chairperson's Office
  - due July 14 in Dean’s Office
  - due August 1 in Provost/Vice President's Office

_______ July through June, OR the full nine-month academic year
- PDP Application due the previous spring semester:
  - due Jan. 3: in Chairperson's Office
  - due Jan. 14 in Dean’s Office
  - due Feb. 1 and in Provost/Vice President's Office

When a deadline falls on an official holiday or weekend, materials will be due by the end of the previous business day.

Title/Position:_____________________________________________________________

Department/Division:________________________________________________________

College/Administrative Unit:_____________________________________________________

Recommend approval:

_________________________ Date
Chair/Department Head

_________________________ Date
Budget Officer

_________________________ Date
Dean/Director
Brief summary of plan of activity/purpose of the Professional Development Program:

Brief summary of benefit to the University:
WEST VIRGINIA UNIVERSITY

Professional Development Program (PDP) Application for Faculty and Non-Classified Staff- Page 1

1. **ELIGIBILITY**

a) Are you a _______full-time non-classified staff member
   
   _______ full-time faculty member -- If so are you
   
   ___ Tenured ___ Probationary ___ Non-tenure track

b) How long have you held your present position? __________________________

c) What was the date of your first employment at WVU in a full-time faculty
   and/or full-time non-classified staff position? __________________________

d) What was the date of your first employment at WVU, if it differs from the
   above? ______________________

e) Have you had a leave of absence without pay or other leave during that time?
   
   Yes_____ No_______ If yes, please specify type and time period of leave.

2. **SALARY**

a) What is your current salary? $__________________ per year (Exclude UHA
   salary)
   
   9 month contract____  12 month contract____ Other, please
   specify______

b) Given the guidelines of the Professional Development Program for faculty
   and non-classified staff, what salary arrangements do you request?
   
   Full pay for ___ months Half pay for ___ months Other, please
   specify_______

c) What is the source of funding for your salary while participating in this
   Professional Development Program?

   State appropriated_____ Grant______ Contract______ Fees______
   
   Overhead ______ Practice Plan ______ Other, please
   specify_________________
d) If your salary support will come from a source other than state appropriated funds, please specify in detail on an attachment the funding source. Include documentation indicating the funding source has approved the use of the funds for this purpose or explaining why such approval is not required.

e) Do you have a grant or other financial assistance other than your salary that will help finance your Professional Development Program?

   Yes______  No_______

   If so, name the source______________________________.

   the period in which the financial assistance will be in effect________________________,

   and the amount______________________________.

   Is this funding pending_____ or already awarded_____?

   If pending, when do you expect to learn if the funding will be provided?____

f) Are there any other costs associated with your program participation such as the hiring of replacement faculty/staff, travel costs, equipment costs, etc.?

   Yes______  No_______

   If there are additional costs, please attach a statement identifying the amount and purpose of the expenditure and the funding source for the expenditure. This may need to be developed in consultation with your chair/department head.

3. COVERAGE OF DUTIES

   In consultation with your chair/department head, develop and attach a description of the way in which your duties will be covered while you participate in a Professional Development Program. Please be specific and indicate the names of persons who will assume your duties, the nature of the duties they will assume, etc. If some of your duties will not be covered, please describe those duties and indicate the consequences of their not being completed.

4. VITA - Attach an up-dated vita.
5. **LEAVE ACTIVITIES**

On no more than 4 - 6 attached pages, please describe the following (lettering each section appropriately):

a) The **specific objectives** of your Professional Development Program;

b) The **plan for achieving the stated objectives**, including the time schedule of events;

c) Why **participation** in the Program is **required** if the objectives are to be achieved;

d) Your **qualifications for the proposed task**, including information about your degrees and field of study;

e) What program **participation will accomplish** for you and how the program activities relate to your long-range professional objectives;

f) The **impact** your participation in this program may have on other units on campus;

g) **Documentation**, where applicable, of an invitation to a research institute, laboratory, or other academic institution or setting;

h) The ways in which the proposed work will **further the goals of your unit and the University**.

6. **PREVIOUS LEAVE(S)/ PROGRAM PARTICIPATION**

a) Have you previously taken a sabbatical leave or participated in the professional development program at WVU?

   No___  Yes___  If so, respond to the following items.

b) If so, what were the initial and completion dates of the leave(s)/program?

   Sabbatical leave:

   Professional Development Program:

c) Summarize the results of the leave(s), including the ways in which the goals of the University were advanced by the leave(s)/program.

d) List the publications, patents, or other products resulting from the previous sabbatical leave(s)/program.
CHAIRPERSON/DEPARTMENT HEAD COMMENT SHEET
Professional Development Program (PDP) Application for Faculty and Non-Classified Staff- Page 4

Note: This sheet must be completed by the chairperson/department head and attached to the Application before forwarding to the dean/director.

Applicant: ____________________________________________________________

1. Do you favor participation in a professional development program for this applicant? Why or why not?

2. Do you support the proposal itself? Why or why not?

3. Who would assume the applicant's responsibilities while on leave? Will any responsibilities be unmet?

4. Are there any consequences for other units on campus of another person assuming the applicant's responsibilities or some responsibilities being unmet?

5. Other than the employee's salary and benefits, do you anticipate any other University expenditures associated with the leave if it is granted (e.g., travel, training fees, paid replacement)? Indicate the anticipated item, cost, and the source of funds that would be used.
6. Are there other circumstances that either favor or disfavor the proposal? Please explain.

7. If the person has previously participated in a professional development program or sabbatical leave, please verify and comment on the results of such participation.

8. Should program participation be contingent upon any factors, such as the receipt of grant funding, etc.?

9. Was this request subjected to peer review? Yes_____ No_____ 
   If yes, please attach a summary of the results of that review.

10. How many other employees in this unit have applied for participation in a professional development program or a sabbatical leave during the time period of this application?___________
    If more than one employee has applied, please attach a priority ranking of the applications.

11. What is this employee's assignment number?___________

__________________________________________________
Signature Date
Note: This sheet must be completed by the dean/director and attached to the Application before forwarding to the appropriate vice president.

Applicant: ____________________________________________________________

1. Do you approve participation in a professional development program for this applicant? Why or why not?

2. Do you support the proposal itself? Why or why not?

3. Have you any additional comments on this request for participation in this program?

4. If you do not support this application, are there alternative ways in which the goals could be achieved?

   If more than one employee has applied, please attach a priority ranking of the applications.

__________________________________________  ______________________
Signature                                             Date
PROFESSIONAL DEVELOPMENT PROGRAM AGREEMENT
FOR FACULTY AND NON-CLASSIFIED STAFF

This Agreement is entered into between West Virginia University Board of Governors on behalf of West Virginia University (hereinafter referred to as "the University"), and ______________________________ (hereinafter referred to as "Employee") this _____ day of __________________________, 20__.

WITNESS that for and in consideration of the following terms and conditions, the University agrees to pay to Employee __$__________________, from a period beginning
(Amount of Pay)
the ____ day of _______________and ending the ____day of ________________, 20___.

Employee agrees with the following terms and conditions:

1. Employee shall submit to his or her immediate supervisor, dean/director, and appropriate vice president (as the President’s designee) a detailed written plan of activity which he or she proposes to follow. This plan (part 5 of the application) must be approved by the immediate supervisor, dean/director, and appropriate vice president (as the President’s designee). Upon such approval, the written plan is appended to this agreement as Attachment A.

2. Employee is aware of and agrees to all the conditions of participation in the Professional Development Program as specified in the document appended hereto as "Professional Development Program: Conditions of Agreement." These conditions are incorporated into and become part of this Agreement.

3. Employee will devote his or her full energies to the purpose of this Professional Development Program and while participating in this Program, will not accept other remunerative employment without the written consent of the President or designee. Fellowships, assistantships, or similar institutional stipends shall not be considered remunerative employment.

4. Upon completion of participation in the Professional Development Program, Employee shall file with the immediate supervisor, dean/director, and appropriate vice president a detailed written report of his or her Professional Development Activities. Employee will file this report within 60 days of resuming his or her normal employment.

5. At the conclusion of the Program, Employee shall resume his or her normal employment at the University for a period of at least twice the duration of that of the participation in the Professional Development Program, if the rate of pay for the Program was full salary. Employee shall return to his or her normal employment for at least a period equal to the participation in the Professional Development Program if the rate of pay for the Program was at half salary.

Failure to return to regular employment at the University will obligate Employee to reimburse the University fully for the salary received during the period of Program participation. However, if such failure to return to regular employment is caused by actions of the University, the President may excuse Employee from the obligation to reimburse the University for Professional Development pay.
In the event of death or permanent disability due to ill health or accident while participating in the Professional Development Program, the University will not exercise its right of repayment.

6. This Agreement becomes effective on the date this document is executed with Employee’s approved written plan attached.

7. Time is of essence. Employee will complete the Professional Development Program during the agreed-to period of time.

8. This Agreement and its Attachments contain all the agreements, conditions, and understandings made between the parties and may not be modified in any manner other than by agreement in writing signed by all the parties or their respective agents.

__________________________________________________________________________  _________________
Employee Signature        Date

STATE OF WEST VIRGINIA
COUNTY OF ______________________, to wit:

The foregoing person appeared before me this ____ day of _________________, ______, by

___________________________________
Notary Public
My Commission Expires _________________

West Virginia University
Board of Governors on behalf of Michael S. Garrison, President
West Virginia University by

__________________________
Gerald E. Lang
Provost and Vice President for Academic Affairs and Research  _________________Date

__________________________________________________________________________

STATE OF WEST VIRGINIA
COUNTY OF ______________________, to wit:

The foregoing person appeared before me this ____ day of _________________, ______, by

___________________________________
Notary Public
My Commission Expires _________________
PROFESSIONAL DEVELOPMENT PROGRAM:
CONDITIONS OF AGREEMENT

Any specific conditions and agreements not clearly contained in the application for the Professional Development Program must be detailed on this page. This page must be attached to the Professional Development Program.