

# Western Washington University

## Professional Leave Repayment Agreement

In consideration of the award of professional leave status, in accordance with my previous request as approved by the President, I hereby agree to refund or return to Western Washington University all salary compensation and remuneration received from the University during the period of my professional leave, if I choose not to or am unable, for any reason not stated in the next paragraph, to return to service at Western Washington University, immediately upon the conclusion of my leave, or any extension thereof, or at the commencement of the succeeding quarter, for a period at least commensurate with the amount of leave so granted.

I understand and further agree, that this repayment agreement does not apply to me or my estate if (1) I am on disability leave at the time I am scheduled to return to the University, or (2) I die during my professional leave, or (3) my position at the University has been eliminated pursuant to reduction in force procedures.

Per the *Faculty Collective Bargaining Agreement* Section 10.3.1 and in compliance with RCW 28B.10.650 *remuneration from state general funds and general local funds for any such leave granted for any academic year shall not exceed the average of the highest quartile of a rank order of salaries of all full time teaching faculty holding academic year contracts or appointments at the institution or in the district.*

This repayment agreement is entered into in compliance with Chapter 173, Laws of 1977, 1<sup>st</sup> Executive Session. (RCW 28B.10.650)

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

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

Printed/Typed Name: \_\_\_\_\_

Western Washington University

\_\_\_\_\_  
Provost/Vice President for Academic Affairs      Date

12/12