

Appalachian State University - APT Committee Participation Form
(Per OP 7.3.13 – Participation of APT Committee Members While on Leave)

Instructions:

The completed form should be returned to the Department Chair via Appalachian State email **before the start of the APT Committee meeting/action.**

Faculty Member Information

- **Name:** _____
- **Department:** _____
- **Rank/Title:** _____
- **Type of Leave:** _____
- **Email:** _____

Participation Decision

In accordance with OP 7.3.13, faculty members on leave are contacted to determine their intent to participate in upcoming APT Committee meetings or actions. Please indicate your decision below:

☐ **Yes**, I choose to voluntarily participate in the upcoming APT Committee meeting/action while on leave.

☐ **No**, I decline to participate in the upcoming APT Committee meeting/action while on leave.

If you elect to participate, you acknowledge that your participation is voluntary and that you will engage fully and in compliance with all applicable confidentiality and procedural expectations of the APT Committee.

Acknowledgment

By signing below, I confirm my decision regarding participation in the APT Committee meeting/action identified by the Department Chair and understand that this form must be received **by the start of the meeting** in order for my participation to be recognized.

Signature: _____ **Date:** _____

To be completed by the Department Chair:

- **Date of Inquiry Email Sent:** _____
 - **Date Form Received:** _____
 - **Meeting/Action Date:** _____
 - **Chair's Signature:** _____
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