



## Faculty Leave of Absence Request Form

**Instructions:** Please submit this completed form and all supporting information to your Chair (if applicable) who will then route it to your Dean and to the Office of Faculty Affairs for approval.  
**Note:** The department is responsible for notifying the Office of Faculty Affairs the day the leave ends. Faculty should ensure that this notification occurs as resumption of benefits will not take place until a return from leave has been successfully processed in Workday.

### To be Completed by Employee

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Name: \_\_\_\_\_ Email: \_\_\_\_\_

Rank: \_\_\_\_\_ Department/School/College: \_\_\_\_\_

Leave Start Date: \_\_\_\_\_ Leave End Date: \_\_\_\_\_

Select the type of leave of absence being requested:  
(Appropriate documentation must be attached to this request.)

- Educational
- Personal
- Military
- Public Service
- Medical (non-FMLA)

\_\_\_\_\_  
Signature (Click on box above and sign with your digital ID)      Date

### To be Completed by Department/School

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Actual amount of salary to be paid by the university during the leave is \$\_\_\_\_\_.

This represents \_\_\_\_\_% of current total compensation.

To continue in pay status, use the following accrued time-off (9-month faculty do not accrue time off):

Sick days: \_\_\_\_\_ Vacation days: \_\_\_\_\_ Floating holidays: \_\_\_\_\_

Retirement Benefits\*:    Yes      No

Health Insurance\*:    - Yes      No

\*If yes, the Department/School must contact HR - Total Rewards for payment arrangements.

Department/School has made the following arrangements to cover the faculty member's teaching, clinical, and/or research responsibilities during this absence:

**Chair Approval (if applicable)**

_____	_____	_____
Print Name	Signature (Click on box above and sign with your digital ID)	Date

**Dean Approval**

_____	_____	_____
Print Name	Signature (Click on box above and sign with your digital ID)	Date

**Office of Faculty Affairs**

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**Vice Provost Approval**

_____	_____	_____
Print Name	Signature (Click on box above and sign with your digital ID)	Date

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**Faculty Leave of Absence Process**

**The following procedure will be followed regarding faculty leaves of absence:**

1. A faculty member will request a leave of absence from the department chair.
2. The chair will review the request and make a recommendation to the dean or designee. The chair will recommend which benefits will be continued at the department's expense.
3. If the dean or designee approves the request, the form will be forwarded to the Office of Faculty Affairs for action by the Vice Provost for Faculty Affairs and University administration.
4. If the Vice Provost approves the request, copies will be forwarded to HR - Total Rewards (if applicable) and the corresponding dean's office.
5. Communication will be sent by HR - Total Rewards to the faculty member advising them of any costs which must be paid by the faculty member to continue benefits during the leave of absence.
6. When the faculty member returns from leave of absence, the Office of Faculty Affairs must be notified by the department, faculty member and/or chair so that appropriate forms may be processed, and benefits may be reinstated if applicable.