

FACULTY LEAVE OF ABSENCE REQUEST

INSTRUCTIONS: THIS FORM SHOULD BE FORWARDED TO THE DEAN OR DESIGNEE FOR APPROVAL. REFER TO THE REVERSE OF THIS DOCUMENT FOR PROCEDURAL GUIDELINES

NOTE: THE DEPARTMENT IS RESPONSIBLE FOR NOTIFYING THE BENEFITS ADMINISTRATION ON THE DAY THAT THE LEAVE ENDS. FACULTY SHOULD ENSURE THAT THIS NOTIFICATION OCCURS SINCE RESUMPTION OF BENEFITS WILL NOT TAKE PLACE UNTIL THE BENEFITS OFFICES IS PROPERLY NOTIFIED.

NAME: _____ DATE: _____
 RANK: _____ SALARY: _____
 DEPARTMENT: _____ ACCOUNT NUMBER: _____
 DATE OF HIRE: _____
 LEAVE IS TO BE EFFECTIVE: _____ AND ENDING _____

IF GRANTED LEAVE, FACULTY MEMBER AGREES TO RETURN ON OR BEFORE _____

THE FOLLOWING LEAVE OF ABSENCE IS REQUESTED: (APPROPRIATE DOCUMENTATION MUST BE ATTACHED).

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| 1. _____ (115) PERSONAL
2. _____ (130) PUBLIC SERVICE/POLITICAL
3. _____ (127) INDUSTRIAL
4. _____ (113) EDUCATIONAL
5. _____ (126) MILITARY | 6. FMLA (SELECT ONE)
_____ (120) BIRTH OF A CHILD MATERNITY
_____ (116) A SERIOUS HEALTH CONDITION WHICH MAKES THE FACULTY MEMBER UNABLE TO PERFORM THE FUNCTIONS OF THEIR POSITION - MEDICAL
_____ (125) FACULTY MEMBER REQUIRED TO PROVIDE CARE TO A FAMILY MEMBER WHO HAS A SERIOUS HEALTH CONDITION (FAMILY)
_____ (121) PLACEMENT OF A CHILD WITH FACULTY MEMBER FOR ADOPTION OR FOSTER CARE
_____ (135) PATERNITY |
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DEPARTMENT OR SCHOOL WILL PROVIDE THE FOLLOWING COMPENSATION:
 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, I WILL USE THE FOLLOWING ACCRUED TIME OFF:

*NINE MONTH FACULTY DO NOT ACCRUE VACATION TIME

_____ SICK DAYS _____ VACATION DAYS _____ FLOATING HOLIDAYS

RETIREMENT BENEFITS: _____ YES _____ NO

HEALTH INSURANCE**: _____ YES _____ NO

**CONTACT BENEFITS ADMINISTRATION OFFICE FOR PAYMENT ARRANGEMENTS

LIFE INSURANCE TO BE CONTINUED DURING ABOVE PERIOD AT TWO (2) TIMES SALARY
 _____ YES _____ NO

THE DEPARTMENT OR SCHOOL HAS MADE THE FOLLOWING ARRANGEMENTS TO COVER THE FACULTY MEMBER'S TEACHING, CLINICAL AND/OR RESEARCH RESPONSIBILITIES DURING THIS ABSENCE:

APPROVED: _____	FACULTY MEMBER	DATE: _____
_____	CHAIRPERSON	_____
_____	DEAN (DESIGNEE)	_____
_____	VICE PROVOST	_____

FACULTY LEAVE OF ABSENCE PROCEDURE

THE FOLLOWING PROCEDURE WILL BE FOLLOWED REGARDING FACULTY LEAVES OF ABSENCE:

1. A FACULTY MEMBER WILL REQUEST A LEAVE OF ABSENCE FROM THE DEPARTMENT CHAIRPERSON.
2. THE CHAIRPERSON WILL REVIEW THE REQUEST AND MAKE A RECOMMENDATION TO THE DEAN OR DESIGNEE. THE CHAIRPERSON WILL RECOMMEND WHICH BENEFITS WILL BE CONTINUED AT THE DEPARTMENT'S EXPENSE.
3. IF THE DEAN OR DESIGNEE OF THE SCHOOL APPROVES THE REQUEST, THE FORM WILL BE FORWARDED TO THE PROVOST'S OFFICE (FACULTY AFFAIRS ON THE GABLES CAMPUS) 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 THE BENEFITS ADMINISTRATION AND THE CORRESPONDING DEAN'S OFFICE.
5. THE BENEFITS ADMINISTRATION WILL PROCESS THE LEAVE REQUEST AND SEND NOTIFICATION TO THE DEAN/DESIGNEE AND CHAIRPERSON OF THE BENEFITS COSTS WHICH WILL BE CHARGED TO THE DEPARTMENT. THE BENEFITS ADMINISTRATION WILL BE RESPONSIBLE FOR THE PROCESSING OF EMPLOYER CONTRIBUTION CHARGES TO THE VARIOUS DEPARTMENTAL ACCOUNTS.
6. A LETTER WILL BE SENT BY THE BENEFITS ADMINISTRATION TO THE FACULTY MEMBER ADVISING HIM/HER OF ANY COSTS WHICH MUST BE PAID BY HIM/HER TO CONTINUE BENEFITS DURING THE LEAVE OF ABSENCE.
7. WHEN THE FACULTY MEMBER RETURNS FROM LEAVE OF ABSENCE, THE BENEFITS ADMINISTRATION MUST BE NOTIFIED BY THE DEPARTMENT, FACULTY MEMBER AND/OR CHAIRPERSON SO THAT APPROPRIATE FORMS MAY BE PROCESSED AND BENEFITS MAY BE REINSTATED IF APPLICABLE.
8. AN ONLINE PAYROLL ACTION MUST BE SUBMITTED BY THE DEPARTMENT TO RETURN THE FACULTY MEMBER FROM OFFICIAL LEAVE.