

FACULTY UNIT 3 LEAVE OF ABSENCE REQUEST-PERSONAL/PROFESSIONAL

Employee Information			
Name First and Last:		Employee ID:	Phone Number:
Address (Street, City, State, Zip):			
Department Name:		College:	Position Title/Rank: Current Time Base:
Email Address:		Emergency Contact Name:	Emergency Contact Phone:
I am requesting (select one)	Full Time Leave:	Partial Leave:	at Percent
Reason For Leave			
Personal:	Professional:	A letter providing explanation is attached:	
Period of Absence			
Last Day Worked:		Requested Leave Start Date:	Expected Return to Work Date:
Time Requested (check all you wish to apply. Eligibility and Accruals will be confirmed.)			
Sick Hours Requested:		Personal Holiday Requested:	
Vacation Hours Requested:		Leave Without Pay Requested:	
Employee Signature			
My signature below certifies that information relevant to this application for leave is accurate and truthful. I understand any misrepresentation on my part may be cause for denial or rescission of the leave and/or disciplinary action. I understand I will be required to submit appropriate certification related to my leave request. NOTE: Unless your leave falls under the Family Medical Leave Act, the following conditions apply: If your assignment while on leave drops below 0.50, you will lose all health, vision, and dental benefits. Please check with payroll for possible salary implications. Section 22.8 of the CBA: "Faculty unit employees on a personal leave without pay shall not accrue service credit toward probation, sabbatical eligibility, difference in pay eligibility, service salary increase eligibility, or seniority except as provided in provisions 22.22 and 22.23 of this Article." CBA, Section 22.7: "A faculty unit employee on a leave of absence without pay shall notify the appropriate administrator no later than April 1 of his/her intention to return to duty at the beginning of the academic year or no later than October 1 of his/her intention to return to duty at the beginning of the spring term or winter quarter."			
Employee Signature:			Date:
Required Signatures for Leave Without Pay (LWOP) ONLY (unless the unpaid leave runs concurrent with FML)			
Chair	Signature:	Date:	Recommended Not Recommended
Dean	Signature:	Date:	Recommended Not Recommended
University Action			
Faculty Affairs signature:			Date:
Comments:			Approved Not approved

