

**REQUEST FOR LEAVE WITHOUT PAY OR TEMPORARY ASSIGNMENT
Faculty and Academic Staff**

Instructions for Dean's Office: If request is for more than one semester or six months, please forward completed form to the Office of Human Resources, 166 Bascom Hall

NAME: _____ DEPT: _____ SS# _____
(please print) (If split appt, coordinate with all units involved)

CURRENT APPOINTMENT TITLE: _____

CURRENT APPT PERCENT (prior to leave): _____ % REQUESTED PERCENT LEAVE: _____ %

REASON* FOR LEAVE: _____

* NOTE: Requests for reasons other than medical or political office/appointment generally are approved for a maximum of one year.

DURATION OF REQUESTED LEAVE-- From: _____ To: _____
(month/day/year) (month/day/year)

IS THIS AN EXTENSION OF A CURRENT REQUEST? NO _____ YES _____*

*If "YES," please indicate dates of the prior request/s in the last two years: From: _____ To: _____
 From: _____ To: _____

NOTE: For extensions of faculty leaves, the University Committee requires the faculty member's current vita and correspondence from the chair/dean indicating Executive Committee approval and vote.

_____ / _____ / _____ / _____ / _____
(employee signature) (date) (department approval) (date) (dean/director approval) (date)

To be completed by probationary (tenure track) faculty only:

It is my intent to request the tenure clock be stopped during this period:

<p>YES _____ Note: Stopping the tenure clock requires separate application through department/dean to the Provost for University Committee approval.</p>	<p>NO _____ Note: When the tenure clock does not stop, it is considered a temporary assignment rather than a leave of absence.</p>
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For APO Use Only:

APO Reviewer: _____ / _____

Major Department Use Only:

Appt ID# _____ UDDS _____

Reason for request:	Military (01) _____	Maternity (05) _____	Personal Reason (12) _____
	Educational (02) _____	Paternity (06) _____	Sabbatical (16) _____
	Professional (03) _____	Adoption (07) _____	Elder/depend Care (17) _____
	Medical (04) _____	Other Work (09) _____	