

Leave of Absence Request

Process for requesting a leave of absence:

1. Contact the Leave Coordinator in Human Resources at 608-785-8013 to begin the process of requesting a leave.
2. Meet with your Supervisor/Chair to discuss workload plan. An email with proposed workload plan* should be sent to Chair and Dean for approval and copy in Leave Coordinator (for Faculty and IAS).
3. Employee should complete part one of this form.
 - a. Faculty and IAS should also include the workload plan*.
4. Part two of this form should be completed by Supervisor/Chair (and Dean and Vice Chancellor, if applicable) and submitted to the Leave Coordinator in Human Resources.

Human Resources will review the completed leave of absence request and send an email notification of approval/denial to employee and Supervisor/Chair.

*For Faculty and IAS: The proposed workload plan should include the following items: teaching, scholarship, and service, including physical presence for advising and department meetings. If applicable the following items should be included: any special projects should be referenced, non-class weeks and graduate student oversight obligations. It is recommended that the workload arrangement be proposed to the Dean by the Chair prior to form submission with the approved workload attached to this form.

PART ONE - Employee Information and Request Details (To be completed by Employee)

Name:	Department:
Position/Title:	Best phone number to contact you during leave:
Home Address, City, State, ZIP: (If address while on leave is different, please email Leave Coordinator)	

Reason for Leave: (Documentation may be required. Please submit directly to HR.) You may choose more than one.

Military

Medical (HR requires medical documentation to determine if the leave qualifies for Family Medical Leave)
 Choose medical for situations involving care for self or others.

Personal/Non-Medical – List reason below for Non-Medical leave (if you need more space please attach a separate sheet of paper)

Faculty and IAS employees please attach workload plan.

Indicate Paid or Unpaid Leave of Absence: (Leave Coordinator can help with this) <input type="checkbox"/> Paid leave – Using vacation, sick leave, personal holiday or other paid leave <input type="checkbox"/> Unpaid leave <input type="checkbox"/> Combination of paid and unpaid leave	Type of Leave Requested: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, % of leave requested: _____
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Beginning Date of Leave:	Scheduled Return Date:
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Only required if requesting a leave extension: Request for extension of leave from _____ to _____

I understand the request for a leave of absence with or without pay for the reason(s) explained above. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to request a leave extension, disciplinary action may be taken against me, which may include termination for cause, effective the date the leave expired. I also understand that if I fail to return to work or contact my supervisor for a minimum of three (3) consecutive working days following the end of my leave of absence, my supervisor and the institution shall consider that as position abandonment and will be treated as a resignation.

Employee's Signature:	Date:
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PART TWO – Acknowledgments/Action Recommended (To be completed by Supervisor/Chair, Dean and Vice Chancellor)

Acknowledgement/Action Recommended:

Medical or Military leave

Acknowledged Medical or Military leave (HR will review for approval purposes)

Personal/Non-Medical Leave

Approved Personal/Non-Medical

Approved with below provisions/changes:

Denied – provide reason below:

Supervisor/Chair Signature:	Printed Name of Supervisor/Chair:	Date:
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Signature of Dean: (Required for all leave requests)	Printed Name of Dean:	Date:
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Signature of Vice Chancellor: (Required for Non-Medical Leave requests and for Faculty/IAS leave workload arrangements)	Printed Name of Vice Chancellor:	Date:
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Return Completed Form to Leave Coordinator in Human Resources

PART THREE- Approval or Denial (To be completed by Human Resources)

Signature of Human Resources:	Printed Name of Human Resources:	Date Request Reviewed:
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Leave Approved or Denied by Human Resources:

Approved Approved, with below provisions/changes: Denied and Reason:

COPY TO: Personnel File (P-File) Employee