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

PLEASE NOTE: If the request is for greater than one year and/or requires the approval of the University Committee or Provost, please forward completed form to the Academic Personnel Office, 166 Bascom Hall.

Name:	Dept UDDS:(If a split appt coordinate with all units involved)		Person ID:
Current Appt Title:		Title Code:	
Current Appt % (prior to leave):		Leave % Requested:	
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:		То:
Is this an extension of a current request?	☐ Yes*		□ No
*If YES, please indicate dates of the prior request(s) in the last two years:	From:		То:
	From:		То:
from the chair/dean indicating Executive Co the Office of Human Resources. They will fo Employee Signature and Date:	ommittee approval and vote. Please include the prward the request to the University Committed Dept Approval and Date:		
To be completed by probationary (tenure track) faculty only:			
It is my intent to request the tenure clock to be stopped during this period:			
YES Note: Stopping the tenure clock requires separate Application through department/dean to the Provost for the University Committee approval.		NO Note: When the tenure clock does not stop, it is considered a temporary assignment rather than a Leave of absence.	
For APO Use Only:			
APO Reviewer:		Date	
Major Department Use Only: Appt ID#:	UDDS:		
Reason for Request: Military (01) Educational (0 Professional (04)		(06) (07)	☐ Personal Reason (12) ☐ Sabbatical (16) ☐Elder/depend care (17)

Academic Personnel Office 02/09