Leave Without Pay or Temporary Assignment Request

School of Medicine and Public Health

Name:		Empl ID:	
Dept. UDDS:		Job Title:	

☐ **Continuous Leave Without Pay →**	Appointment % Prior to Leave:		Amount of Leave Requested (%):	
☐ **Intermittent Use of Leave Without Pay**				

Reason for Leave:	☐ Maternity	☐ Paternity/Adoption	☐ Medical	☐ Military
	☐ Educational	☐ Exceptional Personal Reason	☐ Other	
Describe:	(Please DO NOT include confidential medical information.)			

Duration of Requested Leave (mm/dd/yyyy)	From:	Through:
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:	Through:
	From:	Through:

Note: For extensions of faculty leaves, the University Committee required the faculty member's current vita and correspondence from the chair/dean indicating Executive Committee approval and vote. Please include the required materials in the request sent to the Office of Human Resources. They will forward the request to the University Committee.

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.

Please return the completed and signed form to departmental Human Resources. If the request requires the approval of the Office of Human Resources, University Committee, or Provost, the completed form will be forwarded to the Office of Human Resources at 21 N. Park Street.

Employee Signature and Date	Department Approval and Date	SMPH Dean's Office Approval and Date

For OHR Use Only:	OHR Reviewer Signature and Date

Revised: 05/12/2015