

## Leave of Absence Request Form - Faculty

IMPORTANT: Requests for a leave or extension of leave of one semester or more must be processed not later than 30 days from receipt of the request.

Leaves of absence requested and granted for professional/academic reasons are considered equivalent to a full year of service. It is the responsibility of the applicant, by agreement with the department/unit chair or director, to provide data for performance consistent with the purpose of the leave.

Does this absence qualify as a serious health condition under the Family and Medical Leave Act (FMLA)?  
In the affirmative or in the negative, check the [Human Resources Attendance & Leave Website](#) for FMLA general information.  
† Yes † No

If “yes,” please complete and attach the FMLA Certification Form and the Certification of Health Care Provider for a Serious Health Condition Definitions, both found on the site listed above.

If the basis of this leave qualifies as a serious health condition under the FMLA, the University intends to treat the absence as a part of your FMLA entitlement.

**SIGNATURE OF APPLICANT**

Forwarding Address:

**PART (To be completed by applicant’s department/unit chair or director)**

1. If the leave is for professional/academic purposes, please provide a statement regarding the value of the requested leave to (a) the professional/academic development of the applicant; and (b) the department/unit and the university.

2. If this leave is granted to a tenure-earning but non-tenured faculty member, will the leave period count as part of time earned toward tenure? (Refer to UFF CBA, Article 17.4)

†Yes †No

3. With tenure clock extension, semester/year materials will be submitted: