

**TEMPORARY FACULTY
LEAVE OF ABSENCE WITHOUT PAY (LWOP) REQUEST FORM**

Directions: Do NOT use "Enter" key to move between fields. Instead, use "Tab" key or Mouse.

Name of Person Requesting the Leave

Red ID

Department

College

LWOP EFFECTIVE:

(Check one and fill in year(s))

Fall 20__ Spring 20__

Academic Year ____ - ____

Percentage Of Leave Requested:

(____)

TIME BASE

(Check one)

Full Time Part Time

Type of Leave

Note: Leaves without pay are not granted when the person has accepted an offer of permanent employment at another institution or agency.

PROFESSIONAL

Service:

A leave without pay, granted for the purpose of allowing the person to serve with:
(1) a college or university; (2) a local, state, federal or foreign governmental agency;
or (3) a non-profit organization that is functionally associated to a publicly-funded agency.

Name and address of the entity served: _____

Education:

A leave without pay, granted for the purpose of allowing the person to further his/her education.

Other:

PERSONAL (No PERS credit is earned for personal leaves.)

PURPOSE OF THE LWOP. Must complete for all leave requests. (What do you plan to accomplish while on leave? What is the planned outcome of the leave?) Attach an additional page if necessary:

I request a leave without pay as indicated above:

Faculty Member's Signature

Date

I approve the leave without pay request:

Yes

No (provide written justification to AVP for Faculty Affairs)

Department Chair/Director

Date

**Dept. Chair/Director to submit the completed form (with signatures) to Dean of the College for final letter of decision.
Copy of letter and form to Edith Benkov, Associate Vice President for Faculty Affairs, MH 3310, MC 8010.**