## 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:	<b>Dept UDDS:</b> (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.				
<b>Duration of Requested Leave</b>	From:		To:	
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:		To:	
in the last two years.	From:		То:	
<b>Note:</b> 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.				
Employee Signature and Date:	Dept Approval an	d Date:	Dean/Director 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 □ NO				
Note: Stopping the tenure clock requires separate Application through department/dean to the Provost for the University Committee approval.			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 (0   Medical (04)				

Academic Personnel Office 02/09