



# University of Washington

Academic Human Resources, Office of the Provost  
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## APPLICATION for PARTIAL LEAVE OF ABSENCE WITHOUT PAY for SENIOR FELLOWS, SENIOR FELLOW-TRAINEES, RESEARCH ASSOCIATES, RESEARCH ASSOCIATE-TRAINEES and VISITING SCIENTISTS for CAREER DEVELOPMENT/FAMILY OBLIGATION BALANCE

**NOTE:** These appointees are required to be 100% FTE. However, partial leaves of absence will be considered for career development/family obligation balance. Partial leaves of absence are typically limited to no more than one (1) year. Please check with the [Benefits Office](#) for details regarding continuation of benefits while on leave.

**INSTRUCTIONS:** Complete the form on the next page using the numbered instructions below. Print two copies of the completed form. Keep one copy for your records and give the other copy to your Department Chair or Program Director. Please refer to your administrator to determine whether any additional procedures or documentation are required.

### To be completed by the Senior Fellow, Senior Fellow-Trainee, Research Associate, Research Associate-Trainee or Visiting Scientist:

- 1-3 Enter your full name as it appears in University of Washington records.
- 4 Enter your Employee Identification Number (EID); not SSN. If you do not know your EID, you can find it by logging into [Employee Self-Service](#) with your UWNetID.
- 5 Enter your Campus Box number for your home department: 35xxxx.
- 6 Enter your visa status *if applicable*. Individuals with visas may not be eligible for leave and should consult with the Office of International Scholars Operations prior to completing this application.
- 7-8 Enter your 4-digit [Job Class Code and Job Title](#).
- 9-10 Enter your Department/Program and College/School/Campus name; if your College/School is undepartmentalized, leave the Department/Program field blank.
- 11 List the details of your previous periods of leave at the University of Washington, including date ranges, percent leave and type of leave.
- 12 Check the box that corresponds to the reason for your proposed partial leave and indicate any additional information about the purpose of this leave.
- 13 Enter the period of your proposed leave; you should indicate the *actual* period of your leave. You are only eligible for leave during the period for which you are contracted to work.
- 14-15 This form is for Partial Leave only. Enter the percentage of your current 100% FTE for which you will be on leave, and the percentage you will be active.
  - For example, if you are requesting 75% leave, enter 75% as your Percentage on Leave and 25% as your percentage active.
- 16 Print your name and date, and sign the form.

### To be completed by the Department Chair or Program Director:

- 17 Indicate the budgeted FTE percent of the applicant's current appointment.
- 18 Indicate the budget information that is relevant to the proposed leave.
- 19 Indicate information regarding the distribution of the applicant's work obligations.
- 20 Print your name and date, and sign for leave approval.
- 21 To be completed by the Dean or Chancellor:  
Print your name and date, and sign for leave approval.
- 22 To be completed by Academic Human Resources:  
Print your name and date, and sign for leave approval.

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**TO BE COMPLETED BY THE APPLICANT:**

(1) Last Name	(2) First Name	(3) Middle Initial

(4) Employee ID (EID)	(5) Campus Box #	(6) Visa Status
		<input type="checkbox"/> H-1B Visa or <input type="checkbox"/> J-1 Visa or <input type="checkbox"/> Other:

(7) Job Class Code (optional)	(8) Job Title

(9) Department/Program (if applicable)	(10) College/School/Campus

(11) List previous leaves of any kind (including date ranges, percent leave, and leave type)

(12) Indicate purpose for this leave

Career Development/Family Obligation Balance

Please include any additional information about the purpose of this leave

(13) Period of leave	From: (mm/dd/yyyy)	To: (mm/dd/yyyy)	(14) Percentage on Leave	(15) Percentage Active
			%	%

(16) Date	Applicant Name (print)	Signature

**TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:**

(17) Budgeted FTE	(18) Budget Information (if applicable)
	%

(19) How will the applicant's research obligations be distributed and funded?

**APPROVALS:**

(20) Date	Department Chair/Program Director (print)	Signature

(21) Date	Dean/Chancellor (print)	Signature

(22) Date	Academic Human Resources (print)	Signature