



# LEAVE WITHOUT PAY REQUEST FORM

Leave application for personal (non-medical) reasons  
(For Faculty and Librarian Use Only)

**Instructions for Employee:** Leave without pay requests are voluntary actions initiated by you, the employee. Complete Part 1 and submit to your unit to complete Part 2. All sections are required unless otherwise indicated. **The form must be submitted and approved prior to the start of the leave; leave may not be retroactive.** Note that leave without pay generally may not be taken in your mandatory year. Leave without pay requests (non-medical) are approved one academic year at a time and are limited to a total of two consecutive academic years unless authorized by exception.

PART 1a- Contact Information – to be completed by employee (please print)					
Employee Name					
Academic Title		Employee ID (EID)			
School/College/Campus		Academic Unit			
Visa Status		Appointment FTE %			
PART 1b-Leave Information – to be completed by employee (please print)					
Leave Type	<input type="checkbox"/> Partial Leave <input type="checkbox"/> Full Leave	Percentage on Leave	%	Percentage Active	%
Leave Start Date		Leave End Date		Would the leave take place in your mandatory year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Describe the proposed reduction in obligations and responsibilities associated with this leave (e.g., outline reductions in teaching/courses, clinical responsibilities, research, and/or service):					
<b>Attestation:</b> I am requesting a leave without pay as described above for personal (non-medical) reasons. I understand that if my request is approved, my compensation will be reduced according to the percentage on leave I have requested above. I also agree and acknowledge that this request for leave without pay and associated reduction in responsibility is completely voluntary on my part.					
Employee Signature				Date	

**Instructions for Unit:** Part 2 must be approved and completed by the chair/director/campus dean/dean below. Your approval of this request should be based on your ability to fulfill the mission, goals, and obligations of the unit. Enter the [leave request](#) in Workday and the leave-related FTE change and upload the completed form to Maintain Worker Documents.

PART 2- Approval and Leave Information
I <b>[insert name of chair/director/campus dean/dean]</b> approve this leave request and the associated reduction in obligations and responsibilities, as outlined by the employee in Part 1 above. <input type="checkbox"/> Yes <input type="checkbox"/> No