



University of Washington

Academic Human Resources, Office of the Provost
240 Gerberding Hall, Box 351270, Seattle, WA 98195
206.543.5630 acadpers@u.washington.edu

APPLICATION for LEAVE of ABSENCE WITHOUT PAY

NOTE: Leaves of absence are typically limited to no more than 2 consecutive years. 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 Faculty/Academic Staff Member:

- 1-3 Enter your full name as it appears in university 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 should consult with the Office of International Students and Scholars.
- 7-8 Enter your 4-digit [Job Class Code and Job Title](#).
- 9 Enter the full-time equivalent (FTE) percentage of your combined appointments. Full-time applicants should enter 100%.
- 10-11 Enter your Department/Program and College/School/Campus name; if your College/School is undepartmentalized, leave the Department/Program field blank.
- 12 List the details of your previous periods of leave at the University of Washington, including date ranges, percent leave and type of leave.
- 13 Indicate whether the proposed leave will take place during your mandatory year. This applies to job class codes 0116, 0113, 0143, 0139, 0106, 0118 and 0119.
- 14 Check the box(es) that correspond to the reason for your proposed leave.
- 15 Enter period of your proposed leave; you should indicate the *actual* period of your leave. Date ranges for whole quarters are as follows: Autumn (9/16-12/15), Winter (12/15-3/15), Spring (3/16-6/15), Summer (6/16-9/15).
- 16 Indicate the type of leave: Full Leave or Partial Leave. For Partial Leave, complete items 16-17.
- 17-18 For Partial Leave, enter the percentage you will be on leave, and the percentage you will be active. Examples:
 - If you are currently full-time (100% FTE) and you are requesting 100% leave, enter 100% and 0% respectively.
 - If you are currently full-time (100% FTE) and you are requesting 50% leave, enter 50% and 50% respectively.
 - If you are currently 50% FTE and you are requesting 100% leave, enter 50% and 0% respectively.
 - If you are currently 50% FTE and you are requesting 50% leave, enter 25% and 25% respectively.
- 19 Print your name and date, and sign the form.

To be completed by the Department Chair or Program Director:

- 20 Indicate the budgeted FTE percent of the applicant's current appointment.
- 21 Indicate the budget information that is relevant to the proposed leave.
- 22 Indicate information regarding the distribution of the applicant's classes, including plans for teaching and funding.
- 23 Print your name and date, and sign for leave approval.

To be completed by the Dean or Chancellor:

- 24 Print your name and date, and sign for leave approval.

To be completed by Academic Human Resources:

- 25 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
 H-1B Visa or J-1 Visa or Other:

(7) Job Class Code (optional) (8) Job Title (9) Appointment FTE %

(10) Department/Program (if applicable) (11) College/School/Campus

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

(13) Will this leave take place during your mandatory year?

(14) Indicate any and all purposes for this leave
 Outside Professional Work for Compensation Personal, non-medical Parental, non-medical Medical Reason

Please include any additional information about the purpose of this leave

(15) Period of leave From: (mm/dd/yyyy) To: (mm/dd/yyyy)

(16) Leave Type (17) Percentage on Leave (18) Percentage Active
 Full Leave or Partial Leave % %

(19) Date Faculty/Academic Staff Member (print) Signature

TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:

(20) Budgeted FTE (21) Budget Information (if applicable)

(22) How will the applicant's teaching, research and service obligations be distributed and funded?

APPROVALS:

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

(24) Date Dean/Chancellor (print) Signature

(25) Date Academic Human Resources (print) Signature