



PART 1: To be completed by employee

Instructions: Review [Leave Without Pay Policy](#); complete all of Part 1 and submit to your unit to complete Part 2.

Employee Name _____ Employee ID (EID) _____ Academic Title (e.g., Assistant Professor WoT) _____

School/College/Campus _____ Academic Unit (if applicable) _____ UW-Sponsored Visa Status _____

Roster Percent (regular FTE)	Percentage on Leave	Percentage Active	Leave Start Date	Leave End Date
%	%	%		

This leave will take place during my mandatory review year Yes No N/A

This leave is related to Outside Work and I've received an approved Form 1460 from the Office of Research Yes N/A

For partial leave requests, describe how/what regular duties will be reduced while on leave:

Attestation: By signing below, I attest I am voluntarily requesting a leave without pay as described above for personal (non-medical) reasons. I understand that if my request is approved, my compensation and regular responsibilities will be reduced commensurate with the percentage of approved leave.

Employee signature _____ Date _____

PART 2: Unit Approval

Instructions: Review [Leave Without Pay Policy](#) and follow processing steps [outlined here](#).

I have confirmed the impact to the individual's mandatory review date Yes N/A

By signing below, I confirm my approval for this leave request and the commensurate reduction in responsibilities as described above.

Chair/director/campus dean/dean signature _____ Date _____