

Request for Leave of Absence  
College of Arts and Sciences

Date: \_\_\_\_\_

From: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_

I am requesting a leave of absence for (insert term(s) or specific dates): \_\_\_\_\_

Leave of absence is to be:      Paid: \_\_\_\_\_      Unpaid: \_\_\_\_\_

Reason for the Leave (check one):

1. Medical: \_\_\_\_\_

Sick leave balance (if applicable; provided by Dean's office): \_\_\_\_\_

2. Visiting position at another institution: \_\_\_\_\_

List institution (if applicable): \_\_\_\_\_

3. Accepted another permanent position elsewhere: \_\_\_\_\_

List new employer (if applicable): \_\_\_\_\_

4. Other - please describe: \_\_\_\_\_

Associated Information, regardless of the reason for leave:

- For Leaves Without Pay, faculty must contact the Benefits office at 303-860-4200 (press 3). Faculty taking a permanent position elsewhere are not eligible for health benefits through CU.
- All untenured faculty must indicate whether or not they wish to have the timing of their comprehensive and/or promotion/tenure reviews revised. In general, review dates may be delayed by one year for medical leave, but not for times during Leave Without Pay unless there are extenuating circumstances.
- If you are to be paid from a grant during your absence, indicate either percent of salary or dollar amount, and appropriate SpeedType.

**NOTE: Your health benefits will terminate on the last day of your first month of leave (generally August 31). Health benefits may be terminated earlier if specifically requested on this form.**

Comments: \_\_\_\_\_

Signature of Faculty Member: \_\_\_\_\_

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I approve of this Leave request. I will request L&R funds, if needed, using the web-based program if required.

\_\_\_\_\_  
Signature of Chair/Director

\_\_\_\_\_  
Date

Concurred:

\_\_\_\_\_  
Institute Director (if **rostered** in Grad School)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean for Arts and Sciences

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jeffrey Cox, Vice Provost and Associate Vice Chancellor

\_\_\_\_\_  
Date

Revised comp/tenure review dates: \_\_\_\_\_

FA Initials: \_\_\_\_\_

Revised: 12/20/16