

The background of the slide is a scenic landscape featuring the iconic Flatirons mountain range in Boulder, Colorado. The mountains are rugged with distinct rock faces, and a green valley with a city below is visible in the foreground.

# Faculty Affairs

Leave of Absence Request  
Training Guide

## Leave of Absence Request Training Guide

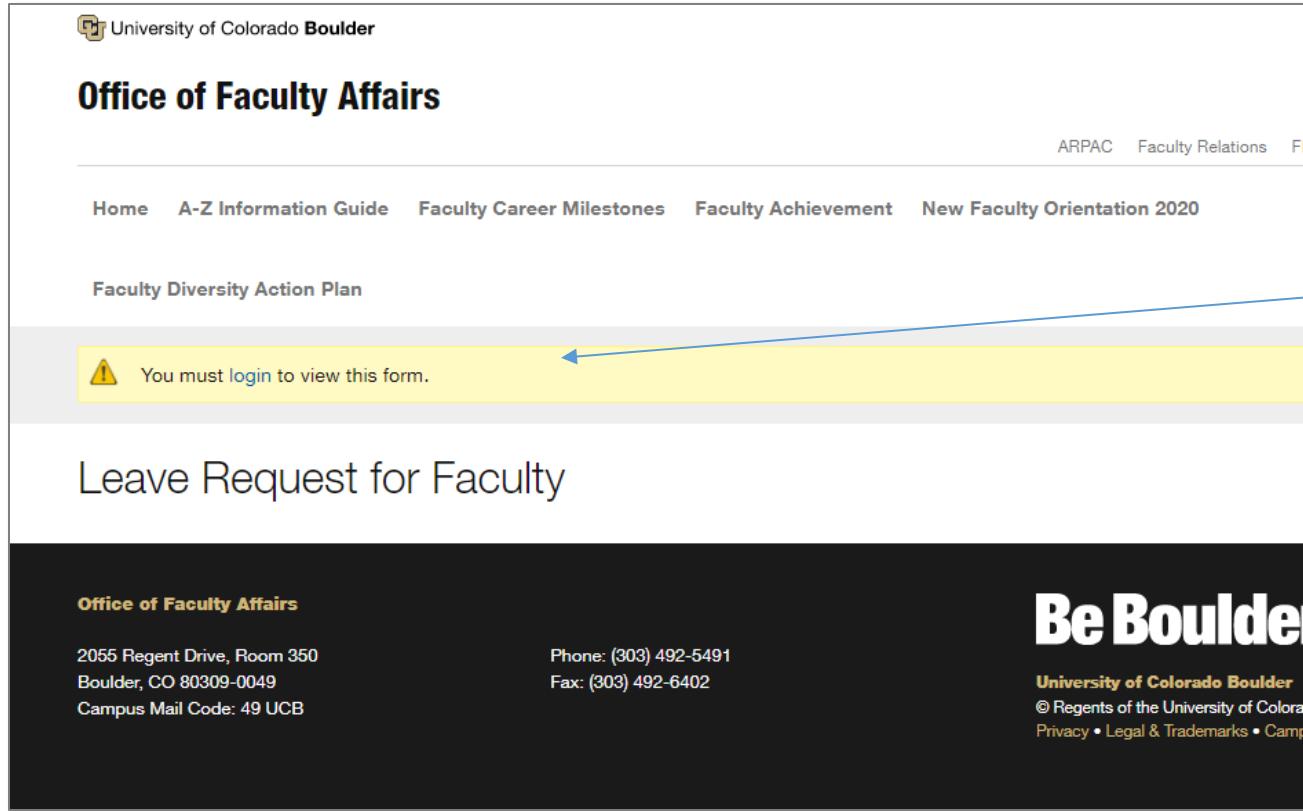
[Employee Relations](#) and the Office of Faculty Affairs have roles to play in addressing faculty leave. Different policies apply to the various faculty job classes. Please visit the following website for policies regarding all leave types: <https://www.colorado.edu/facultyaffairs/career-milestones/leaves-and-sabbaticals/faculty-leave-information>. Inquiries about faculty leave policies should be directed to the faculty members' dean's office for advice on policy and procedures, since schools and colleges may have varying internal processes for recording and reporting faculty leaves.

After the faculty member consults with their school/college liaison, **the liaison will complete this online request on their behalf to request the following types of Leave of Absence:**

**Faculty Request for Leave of Absence**  
**Parental Leave Request for Tenured and Tenure Track faculty**  
**Parental Leave Request for Non-Tenure Track faculty**

To submit this online request, you will need the following:

- Name, Email and Rank/Title for all individuals in the faculty member's school/college that will review and approve the form. You can create up to 5 signature approval lines for your department and college
- Name, Email, Rank and Employee ID of faculty member requesting leave of absence
- Sick leave balance of faculty member (if applicable)



The screenshot shows the University of Colorado Boulder Office of Faculty Affairs website. At the top, the CU Boulder logo and the text "University of Colorado Boulder" are visible. Below that, the "Office of Faculty Affairs" header is displayed. A navigation bar includes links for "Home", "A-Z Information Guide", "Faculty Career Milestones", "Faculty Achievement", "New Faculty Orientation 2020", "Faculty Diversity Action Plan", and "ARPAC". A yellow banner at the top of the main content area contains the text "⚠ You must login to view this form." with a blue arrow pointing to the "You must login" part. The main content area is titled "Leave Request for Faculty". At the bottom, there is contact information for the Office of Faculty Affairs and a "Be Boulder" logo.

University of Colorado Boulder

Office of Faculty Affairs

Home A-Z Information Guide Faculty Career Milestones Faculty Achievement New Faculty Orientation 2020 Faculty Diversity Action Plan ARPAC Faculty Relations

⚠ You must login to view this form.

Leave Request for Faculty

Office of Faculty Affairs

2055 Regent Drive, Room 350  
Boulder, CO 80309-0049  
Campus Mail Code: 49 UCB

Phone: (303) 492-5491  
Fax: (303) 492-6402

Be Boulder

University of Colorado Boulder  
© Regents of the University of Colorado  
Privacy • Legal & Trademarks • Camp

- Liaison must log in using IdentiKey and password to use form.

- This information will be required for all Leave Types in the drop-down box

- Choose the LEAVE TYPE from the drop down box

- Liaison Information is required

- Faculty Information is required

- Signer One - Enter the **title**, **name**, and **campus email** for the department/college first approver

Please Complete the Following Information:

**Leave Type \***

Faculty Request for Leave of Absence  
- Select -  
Faculty Request for Leave of Absence  
Parental Leave Request for Tenured and Tenure Track Faculty  
Parental Leave Request for Non-Tenure Track Faculty

**Liaison Information:**

**Name (First and Last) \***  
John Liason

**Campus Email \***  
artsandsciencesliaison@colorado.edu

**Faculty Information:**

**Name (First and Last) \***  
Linda FacultyMember

**Campus Email \***  
linda.facultymember@colorado.edu

**Signer One Information:**

**Title \***  
Chair

**Name (First and Last) \***  
Donna Chair

**Campus Email \***  
donna.chair@colorado.edu

**Add Additional Signers Required for Approval Below**

**Add Additional Signers Required for Approval Below:**

**Signer Two Information:**

Title: Associate Dean

Name (First and Last): James AssociateDean

Campus Email: james.associatedean@colorado.edu

**Signer Three Information:**

Title: Dean

Name (First and Last): Julie Dean

Campus Email: Julie.Dean@colorado.edu

**Signer Four Information:**

Title: Assistant Dean of Administration

Name (First and Last): Vicki.assstdean@colorado.edu

Campus Email: asstdean@colorado.edu

**Signer Five Information:**

Title: any other department/college approver that is needed

Name (First and Last):

- Add any Additional Signers that are required for approval from your department/college. *Depending on your college or school, these could be the **Dean, Associate Dean, Divisional Dean or an administrative team member** who is approving the leave.*
- You can choose to fill out up to 4 more signers/approvers. These are all **optional!** *Use these additional approvals only if your school or college needs more approvals.*
- If you do not have any additional signers beyond Signer One then **leave these blank.**
- Remember to include Title as well as Name and email.
- These will be displayed on the DocuSign form on the approval page of the completed form.

Signer Four Information:

Title

Name (First and Last)

Campus Email

Signer Five Information

Title

Name (First and Last)

Campus Email

Send Copy to HRSC? \*

- Select -

Would you like to send additional copies? \*

- Select -

Next

Office of Faculty Affairs  
2056 Regent Drive, Room 360  
Boulder, CO 80309-0049  
Campus Mail Code: 49 UCB

Phone: (303) 492-5491  
Fax: (303) 492-6402

Be Boulder  
University of Colorado  
© Regents of the University of Colorado  
Privacy • Legal & Terms



Reminder – These additional signers could be blank depending on your department/college procedures.

Reminder – Office of Faculty Affairs approvals are automatically routed and coded into the form.

### CCs – If you need to CC other parties:

If your department needs to Copy the HR Service Center click Yes. (this will cc: [HRSC@colorado.edu](mailto:HRSC@colorado.edu); this is optional)

You can also CC up to 4 other email addresses. (optional)

When finished **CLICK <Next>**

## Verification

Leave Request for Faculty

**Please verify the information below is correct.**

**Leave Type:**  
Faculty Request for Leave of Absence

**Liaison:**  
John Liaison  
[facultyawards@colorado.edu](mailto:facultyawards@colorado.edu)

**Faculty:**  
Linda FacultyMember  
[leap.facultyaffairs@colorado.edu](mailto:leap.facultyaffairs@colorado.edu)

**Signer One:**  
Chair  
test chair  
[maribeth.vanhaute@colorado.edu](mailto:maribeth.vanhaute@colorado.edu)

**Additional Signers:**

**Signer Two:**  
Associate Dean  
Associate Dean First and Last name  
[associate.dean@colorado.edu](mailto:associate.dean@colorado.edu)

**Signer Three:**  
Dean  
Dean first and last Name  
[dean@colorado.edu](mailto:dean@colorado.edu)

**Signer Four:**  
Assistant Dean of Administration  
Asst Dean First and Last name  
[asstdean@colorado.edu](mailto:asstdean@colorado.edu)

**Signer Five:**  
any other department member that needs to approve

**CONTINUE**

**Previous** **Cancel Request**

This page will give the liaison an opportunity to verify the information that has been inserted into the form. Please verify **ALL** information before continuing with the request.

If there are no changes,  
**CLICK <CONTINUE>**

If you need to make changes,  
**CLICK <PREVIOUS>**  
You can also cancel the request  
**CLICK <CANCEL REQUEST>**



You may need to scroll down to get to these options.

Directions for **Leave of Absence form** start on **slide 9**

Directions for **Parental Leave Request for Tenured and Tenure Track Faculty form** start on **slide 12**

Directions for **Parental Leave Request for Non Tenure-Track Faculty form** start on **slide 15**

# Page 1 of *Request for Leave of Absence* form (filled in by Liaison)

Request for Leave of Absence

Today's Date: 8/13/2020

School/College: \_\_\_\_\_

Unit (Department/Program): \_\_\_\_\_

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

Full Name: Faculty Member Name \_\_\_\_\_ Rank: \_\_\_\_\_

I am requesting a leave of absence for (insert semester(s)) or, if not a full semester list specific dates: \_\_\_\_\_

Leave of absence percentage of time: \_\_\_\_\_

For the percentage of time above, the leave will be:  Paid  Unpaid  Partially Paid

If leave is partially paid, list the percentage to be paid and the percentage to be unpaid below:

Reason for the Leave:

Medical  
Sick leave balance \_\_\_\_\_  
The number of days of sick leave balance that they are using \_\_\_\_\_  
If leave is paid and unpaid, please list the dates for each portion \_\_\_\_\_

Visiting position at another institution:  
List institution: \_\_\_\_\_

Accepted another permanent position elsewhere:  
List new employer: \_\_\_\_\_

Other (Please describe)  
\_\_\_\_\_

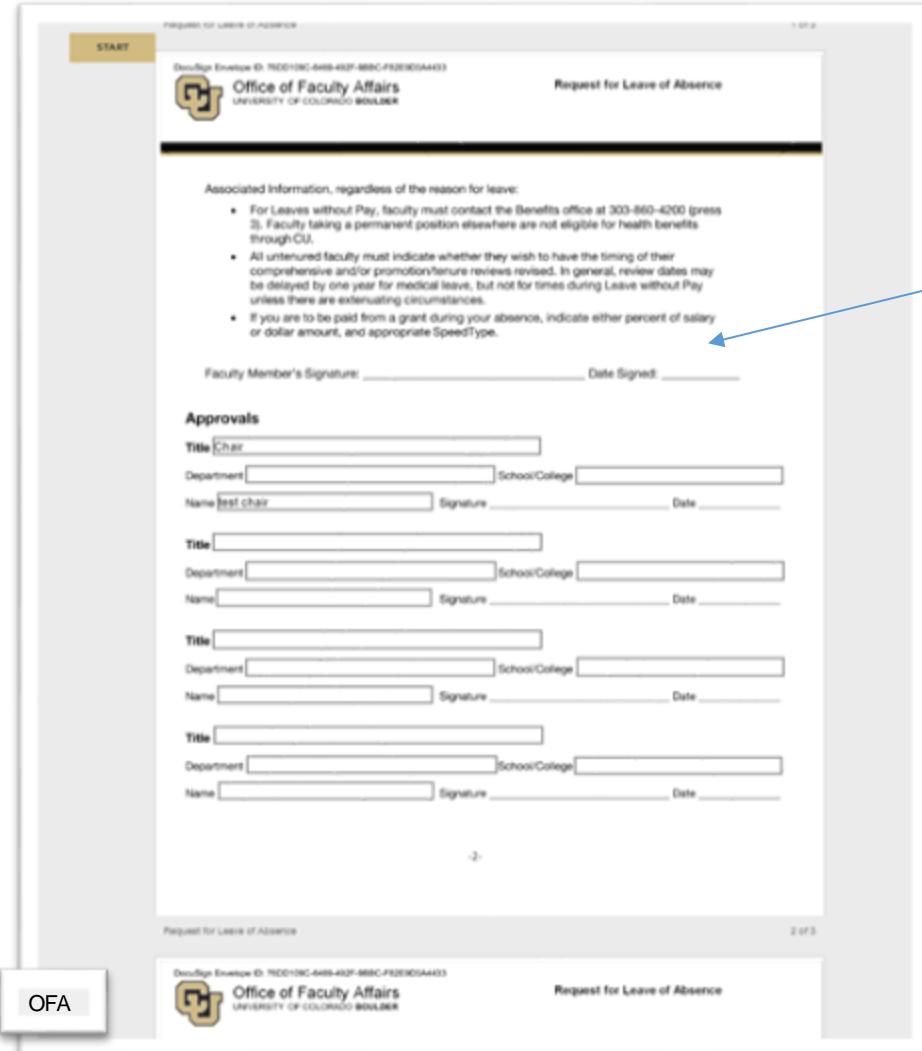
Additional Comments:  
\_\_\_\_\_

## REQUIRED FIELDS

- Date of Request: (*will auto populate with today's date*)
- School/College
- Unit (Department/Program)
- Employee ID
- Full Name: (*will auto populate with Faculty Name that was entered on landing page form*)
- Rank
- Insert semester(s) or if not a full semester list specific dates of the leave
- Leave of Absence percentage: this is the percentage of time on leave
- For the percentage of time above, the leave will be Paid **or** Unpaid **or** Partially Paid.
- If partially paid you must list % of paid and % of unpaid. Ex: 50% will be paid and 50% will be unpaid.
- Reason for the Leave—click on ONE of the reasons for leave
  - Medical – fill in current sick leave balance and list the number of sick days that they will be using. If leave is paid and unpaid, list the dates for each portion.
  - Visiting position at another institution - list the other institution
  - Accepted another permanent position elsewhere - list the other employer
  - Other – any other reason and **describe**.

Use **Additional Comments** box for any additional information that you would like to provide to Faculty Affairs.

## Page 2 of Request for Leave of Absence



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 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 SpendType.

Faculty Member's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Approvals**

Title	Department	School/College	Name	Signature	Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

-2-

Request for Leave of Absence 2 of 3

OFA

- The form will then route to the faculty member for signature.
- The Approvals page will have the title and name **auto-populated**.
- The liaison can fill in department and school/college if needed.

## Page 3 of *Request for Leave of Absence*

Request for Leave of Absence

Office of Faculty Affairs  
UNIVERSITY OF COLORADO BOULDER

START

Title \_\_\_\_\_

Department \_\_\_\_\_ School/College \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

FA Initials: \_\_\_\_\_ Date Initiated: \_\_\_\_\_

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

OFA Comments (Optional):  
\_\_\_\_\_

Vice Provost and Associate Vice Chancellor for Faculty Affairs:

Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

OFA

- This page is for **Office of Faculty Affairs (OFA) use**.
- The form will automatically route to Faculty Affairs for review. The Faculty Personnel Director in OFA will review the form, initial and make any additional comments.
- It will then route to the Vice Provost and Associate Vice Chancellor for Faculty Affairs for an approval signature.
- These OFA Approval Signatures will be **auto-routed. The Liaison does not need to build them into the form**.
- **The Liaison** will scroll down to the bottom and **click <FINISH>**

# Page 1 of *Request for Parental Leave for Tenured and Tenure Track Faculty* form (filled in by Liaison)

The screenshot shows a web-based form titled 'Request for Parental Leave - Boulder Campus For Tenured or Tenure-Track Faculty'. The form includes the following fields:

- School/College (red box)
- Unit (Department/Program) (red box)
- Employee ID (red box)
- Full Name: First Name Last Name (red box)
- Rank (red box)
- I am requesting a parental leave of absence for (insert semester(s)) or, if not a full semester list specific dates: (red box)
- If untenured, list current comprehensive and/or tenure review dates: (red box)
- Additional Comments: (large red box)
- Faculty Member's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## REQUIRED FIELDS

- Date of Request: (*will auto populate with today's date*)
- School/College
- Unit (Department/Program)
- Employee ID
- Full Name: (*will auto populate with Faculty Name that was entered on power form*)
- Rank
- Insert semester(s) or list specific dates of leave
- If untenured, list current comprehensive and/or tenure review dates
- Use **Additional Comments** box for any additional information that you would like to provide to Faculty Affairs.
- The form will auto-route to the Faculty Member for signature and date.

Approvals

Title: Chair 1 test  
Department: \_\_\_\_\_ School/College: \_\_\_\_\_  
Name: Chair Test Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_  
Department: \_\_\_\_\_ School/College: \_\_\_\_\_  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_  
Department: \_\_\_\_\_ School/College: \_\_\_\_\_  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_  
Department: \_\_\_\_\_ School/College: \_\_\_\_\_  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_  
Department: \_\_\_\_\_ School/College: \_\_\_\_\_  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Page 2 of *Request for Parental Leave for Tenured and Tenure Track Faculty* form

- The Approvals page will have the title and name **auto-populated**.
- The liaison can fill in department and school/college if needed and different from faculty member.

## Page 3 of *Request for Parental Leave for Tenured and Tenure Track Faculty* form

FA Initials: \_\_\_\_\_ Date Initiated: \_\_\_\_\_

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

OFA Comments (Optional):

Vice Provost and Associate Vice Chancellor for Faculty Affairs:

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

- This page is for **Office of Faculty Affairs (OFA) use.**
- The form will automatically route to Faculty Affairs for review. The Faculty Personnel Director in OFA will review form, initial and make any additional comments.
- It will then route to the Vice Provost and Associate Vice Chancellor for Faculty Affairs for an approval signature.
- These Approval Signatures for OFA will be **auto-routed. The Liaison does not need to build them into the form.**
- The **Liaison** will scroll down to the bottom and **click <FINISH>**

# Page 1 of Request for Parental Leave – Non Tenure-Track Faculty

(filled in by Liaison)

Request for Parental Leave - Boulder Campus  
for Non Tenure-Track Faculty

University policy governing parental leave applies to full-time instructors and allows for the use of accrued sick leave to provide care for a faculty member's child within 12 months of the birth or adoption of a child. Accrued sick leave may be used for up to a maximum of one semester. If there is not enough accrued sick leave to cover the semester, an instructor may continue the parental leave for the remainder of the period at half pay with full benefits.

A leave under this policy fulfills the university's obligations related to the Family Medical Leave (FML) Act. Faculty taking this type of leave must also submit FML forms. Faculty should contact their payroll liaison or dean's office for assistance with FML requirements. Contact the Office of Labor Relations at 303-492-2956 for additional information regarding FML.

Today's Date: 5/26/2020

School/College: \_\_\_\_\_

Unit (Department/Program): \_\_\_\_\_

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

Full Name: Faculty Member Name: \_\_\_\_\_ Rank: \_\_\_\_\_

I am requesting a parental leave of absence for (insert semester(s)) or, if not a full semester list specific dates: \_\_\_\_\_

Sick Leave Balance: \_\_\_\_\_

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

Faculty Member's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## REQUIRED FIELDS

- Date of Request: (*will auto populate with today's date*)
- School/College
- Unit (Department/Program)
- Employee ID
- Full Name: (*will auto populate with Faculty Name that was entered on power form*)
- Rank
- Insert semester or specific dates of Leave
- Insert sick leave balance
- Use **Additional Comments** box for any additional information that you would like to provide to Faculty Affairs.
- The form will auto-route to the Faculty Member for signature and date.

Approvals

Chair 1

Department School/College

Chair Test Signature Date

Title

Department School/College

Name Signature Date

-2-

## Page 2 of *Request for Parental Leave – Non Tenure-Track Faculty*

- The Approvals page will have the title and name **auto-populated**.
- The liaison can fill in department and school/college if needed and different from faculty member.

## Page 3 of *Request for Parental Leave – Non Tenure-Track Faculty*

FA Initials: \_\_\_\_\_ Date Initiated: \_\_\_\_\_

OFA Comments (Optional)

Vice Provost and Associate Vice Chancellor for Faculty Affairs:

Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

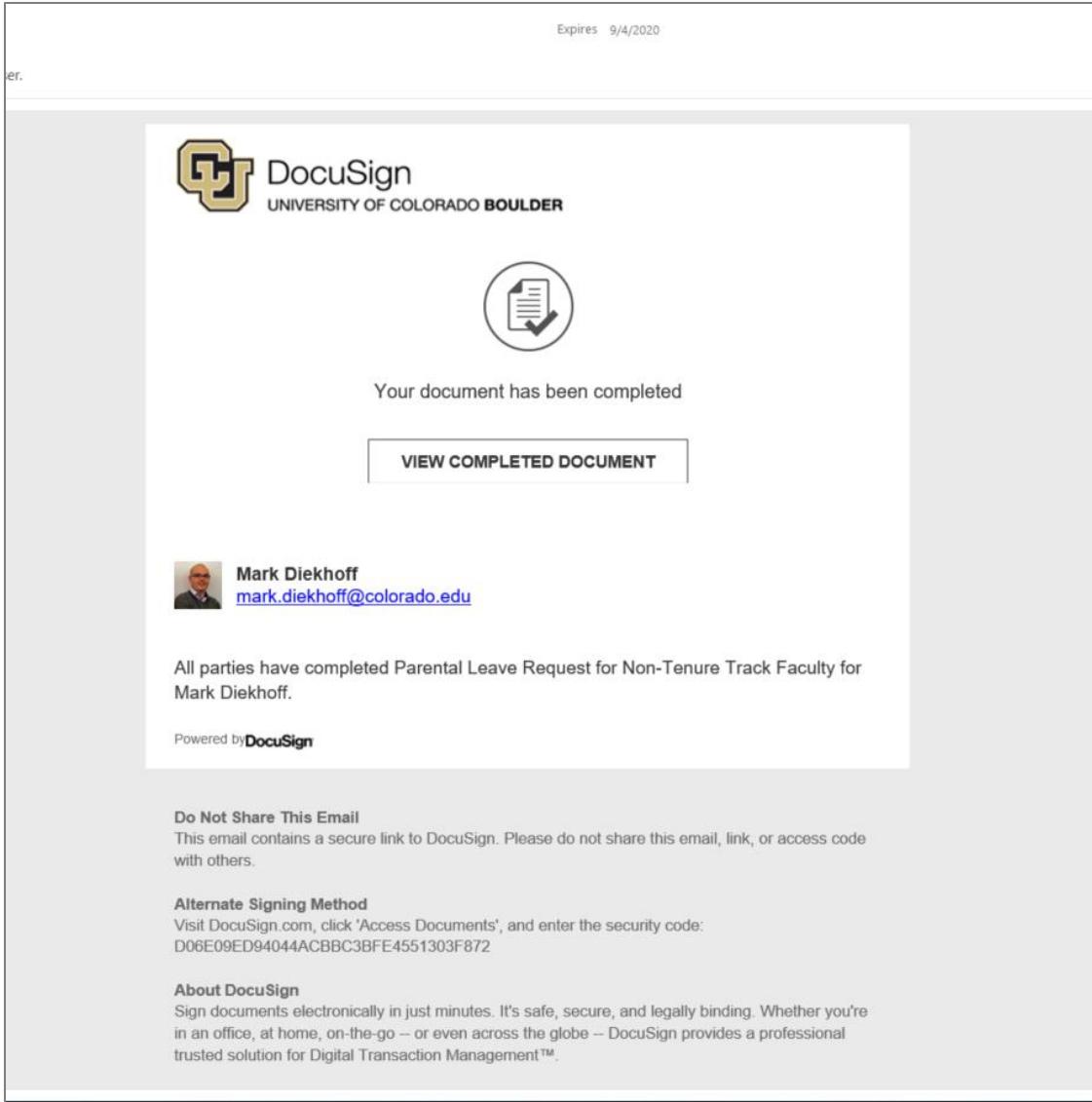
- This page is for **Office of Faculty Affairs (OFA) use.**
  - The form will automatically route to Faculty Affairs for review. The Faculty Personnel Director in OFA will review the form, initial and make any additional comments.
  - It will then route to the Vice Provost and Associate Vice Chancellor for Faculty Affairs for an approval signature.
  - These Approval Signatures for OFA will be **auto-routed. The Liaison does not need to build them into the form.**
  - The **Liaison** will scroll down to the bottom and **click <FINISH>**

- DocuSign will send copies of the completed form to all parties on the DocuSign envelope.

**Routing of Leave of Absence form:**

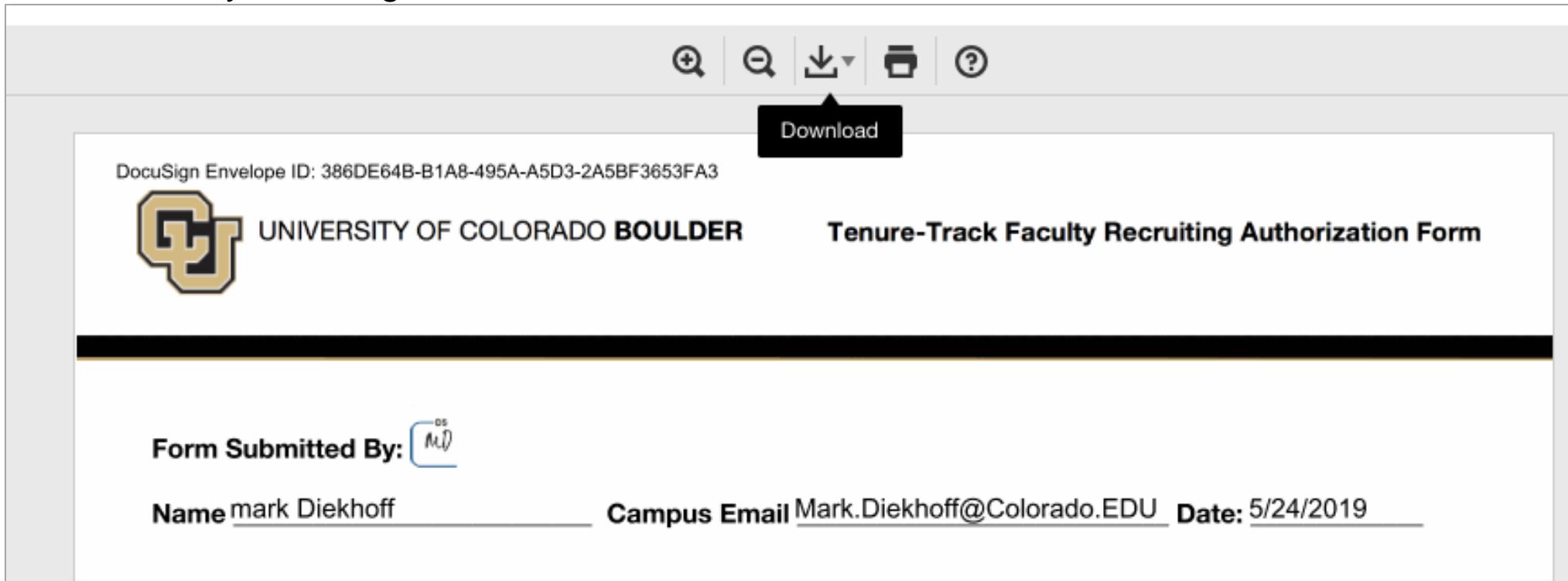
1. Liaison (initiator of form)
2. Faculty Member
3. Signer/Approver One. This is dictated by the order that the Liaison enters on the power form landing page. This is usually the Chair, Director, Associate Dean and it is determined by the Liaison
4. Any Additional Signers for Approval up to 4 more (if applicable)
5. Faculty Personnel Director in Office of Faculty Affairs for initials and comments (this happens automatically)
6. Vice Provost and Associate Vice Chancellor for Faculty Affairs for signature (this happens automatically)





- Once the Leave of Absence form has been signed by all recipients, a completed email notification from DocuSign will be sent to all parties on the envelope

- Like all DocuSign documents, you will be able to save the Leave of Absence forms as a PDF by selecting Download.



The screenshot shows a DocuSign envelope interface. At the top, there are several icons: a magnifying glass for search, a question mark for help, a download arrow, a print icon, and a question mark. Below these is a "Download" button with an upward arrow. The envelope header includes the DocuSign Envelope ID: 386DE64B-B1A8-495A-A5D3-2A5BF3653FA3. On the left is the University of Colorado Boulder logo (CU). In the center, the text "UNIVERSITY OF COLORADO BOULDER" is displayed above the form title "Tenure-Track Faculty Recruiting Authorization Form". A thick black horizontal bar obscures the majority of the form content. At the bottom, the "Form Submitted By:" field contains a blue box with the initials "MD". Below this, the "Name" field is populated with "mark Diekhoff", the "Campus Email" field with "Mark.Diekhoff@Colorado.EDU", and the "Date" field with "5/24/2019".

To track any of the Leave of Absence Forms included in this power form, the liaison should sign into their DocuSign account.

For any questions or concerns, please contact Carolyn Tir at: [carolyn.tir@colorado.edu](mailto:carolyn.tir@colorado.edu)