

The background of the slide is a scenic photograph of a university campus. In the foreground, there are green lawns and some buildings. In the middle ground, there are more campus buildings, including a large, multi-story building with a red roof. In the background, there is a large, rugged mountain with a prominent peak. The sky is clear and blue.

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)


University of Colorado **Boulder**

Office of Faculty Affairs

ARPAC Faculty Relations FI

[Home](#) [A-Z Information Guide](#) [Faculty Career Milestones](#) [Faculty Achievement](#) [New Faculty Orientation 2020](#)

[Faculty Diversity Action Plan](#)

 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](#) • [Campus](#)

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

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 Liasion

Campus Email *

artsandsciencesliasion@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:

- 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

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)
Vicky.asstdean@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.



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; this is optional)

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

When finished **CLICK <Next>**

Signer Four Information:

Title

Name (First and Last)

Campus Email

Signer Five Information

Title

Name (First and Last)

Campus Email

Send Copy to HRSC? *

Would you like to send additional copies? *

Next

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

Verification

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.

Leave Request for Faculty

Please verify the information below is correct.

Leave Type:
Faculty Request for Leave of Absence

Liaison:
John Liasison
facultyawards@colorado.edu

Faculty:
Linda FacultyMember
leap.facultyaffairs@colorado.edu

Signer One:
Chair
test chair
maribeth.vanhaute@colorado.edu

Additional Signers:

Signer Two:
Associate Dean
Associate Dean First and Last name
associate.dean@colorado.edu

Signer Three:
Dean
Dean first and last Name
dean@colorado.edu

Signer Four:
Assistant Dean of Administration
Asst Dean First and Last name
asstd dean@colorado.edu

Signer Five:
any other department member that needs to approve

CONTINUE

Previous **Cancel 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)

START

DocType Envelope ID: 3037DA15-2F03-47F3-855A-17A2F518A1

Office of Faculty Affairs
UNIVERSITY OF COLORADO BOULDER

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*

START

Document Envelope ID: 76D10BC-6485-402F-88BC-F32030A4433

Office of Faculty Affairs
UNIVERSITY OF COLORADO BOULDER

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 SpeedType.

Faculty Member's Signature: _____ Date Signed: _____

Approvals

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 _____

-2-

Request for Leave of Absence 2 of 3

Document Envelope ID: 76D10BC-6485-402F-88BC-F32030A4433

Office of Faculty Affairs
UNIVERSITY OF COLORADO BOULDER

Request for Leave of Absence

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

DocuSign Envelope ID: 3037D416-2F03-4E75-B9B5-417A2F919A47

Office of Faculty Affairs
UNIVERSITY OF COLORADO BOULDER

Request for Leave of Absence

START

Title

Department School/College

Name Signature Date

FA Initials: Date Initialed:

Revised compensation review dates:

OFA Comments (Optional):

Vice Provost and Associate Vice Chancellor for Faculty Affairs:

Signature Date Signed:

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

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.

Request for Parental Leave - Boulder Campus
For Tenured or Tenure-Track Faculty

The parental leave policy for tenured and tenure-track faculty states that within twelve months of the birth or adoption of a child, the primary care-giver may request up to a maximum of one semester's leave at full pay. No sick leave is used. All untenured faculty will have the timing of their comprehensive and/or tenure reviews delayed by one year. This delay is required for the comprehensive review, but faculty may be reviewed for tenure before the revised tenure date, whenever the standards are met. The Office of the Provost will provide funding to the School/College for one course during the faculty member's semester of leave. Please note: while there is no limit to the number of paid leaves a TTT faculty member can take, they are limited to two tenure clock stoppages.

A leave under this policy fulfills the university's obligations related to the Family Medical Leave (FML) Act. Tenured and tenure-track faculty taking this type of leave must also submit FML forms. Faculty should contact their payroll liaisons or dean's office for assistance with FML requirements. Contact Human Resources (hr@colorado.edu) for additional information regarding FML (see: <https://www.colorado.edu/hr/leave>).

Today's Date: 8/29/2020

School/College:

Unit (Department/Program):

Employee ID:

Full Name: Rank:

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

If untenured, list current comprehensive and/or tenure review dates:

Additional Comments:

Faculty Member's Signature: _____ Date Signed: _____

Document Envelope ID: 8B07419-BC0F-42D6-B9A4-9E827C0ACF

Office of Faculty Affairs
UNIVERSITY OF COLORADO BOULDER

Approvals

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**

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

The screenshot shows a web-based form titled 'Request for Parental Leave' for the Office of Faculty Affairs (OFA) at the University of Colorado Boulder. The form is designed for use by the OFA. It includes the following fields and sections:

- FA Initials** and **Date Initialed**: Fields for the OFA representative to provide initials and the date of review.
- Revised comp/tenure review dates**: A field for updating review dates.
- OFA Comments (Optional)**: A large text area for additional comments from the OFA.
- Vice Provost and Associate Vice Chancellor for Faculty Affairs**: A section for the approval signature.
- Signature** and **Date Signed**: Fields for the official signature and date.
- FINISH** button: A yellow button in the top right corner to complete the form.

- 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)


- 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.

Documents below

FINISH FINISH LATER OT

START

DocuSign Envelope ID: 342B8222-D8A4-47C7-BF11-4788B7604368

 Office of Faculty Affairs
UNIVERSITY OF COLORADO BOULDER

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 liaisons or dean's office for assistance with FML requirements. Contact the Office of Labor Relations at 303-492-0996 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: _____

1

File Request for Parental Leave - Boulder - 5/26/2020

Document Envelope ID: 3A2B822-000A-4FCF-80F1-974B870A008

Office of Faculty Affairs
UNIVERSITY OF COLORADO BOULDER

Approvals

Title	Chair 1
Department	
Name	Chair Test
Signature	
Date	
Title	
Department	
Name	
Signature	
Date	
Title	
Department	
Name	
Signature	
Date	
Title	
Department	
Name	
Signature	
Date	
Title	
Department	
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*

START FINISH FINISH L

DocuSign Envelope ID: 3A2B8E2-DDA4-4FCF-80F1-87A8B76A0C88

Office of Faculty Affairs
UNIVERSITY OF COLORADO BOULDER

FA Initials: _____ Date Initialed: _____

OFA Comments (Optional)

Vice Provost and Associate Vice Chancellor for Faculty Affairs:

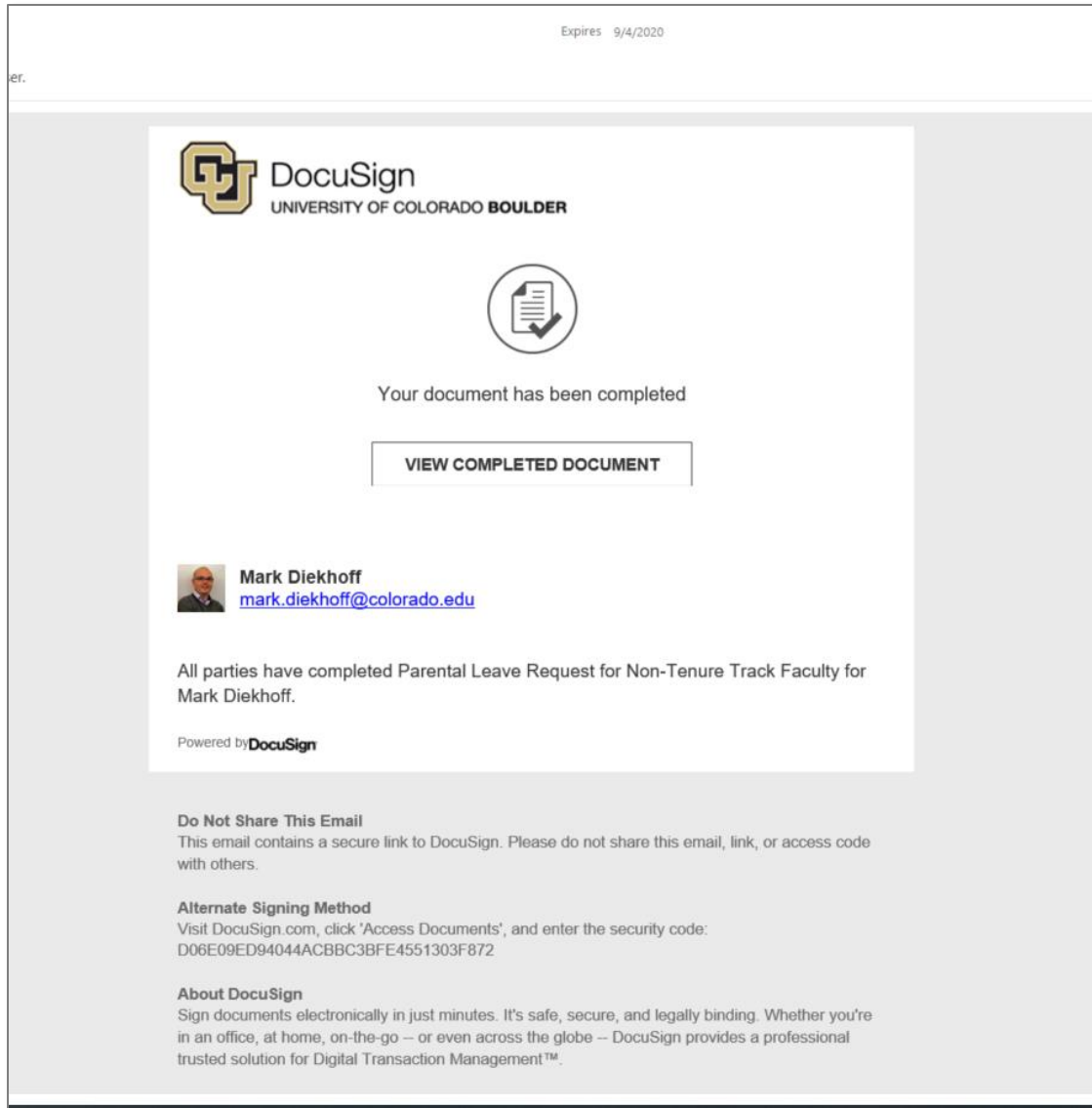
Signature _____ Date Signed: _____

- 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.

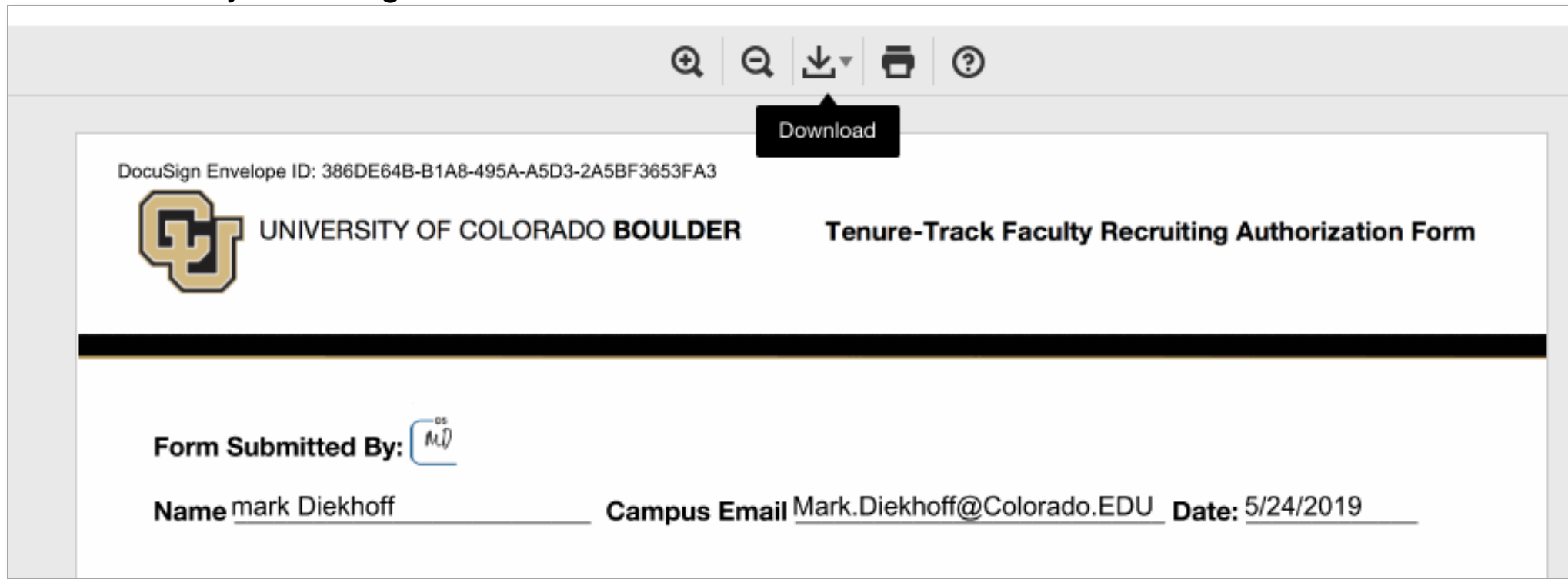
Routing of Leave of Absence form:

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 of 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 document interface. At the top, there is a toolbar with icons for zooming in (+), zooming out (-), downloading (a downward arrow), printing (a printer icon), and a help/question mark icon. A black tooltip with the word "Download" is positioned over the download icon. Below the toolbar, the document content is displayed. It starts with the DocuSign Envelope ID: 386DE64B-B1A8-495A-A5D3-2A5BF3653FA3. Below this is the University of Colorado Boulder logo, followed by the text "UNIVERSITY OF COLORADO BOULDER" and "Tenure-Track Faculty Recruiting Authorization Form". A thick black horizontal line separates the header from the form body. In the body, it says "Form Submitted By:" followed by a blue signature icon. Below this, the form fields are filled out: "Name" is "mark Diekhoff", "Campus Email" is "Mark.Diekhoff@Colorado.EDU", and "Date" is "5/24/2019".

DocuSign Envelope ID: 386DE64B-B1A8-495A-A5D3-2A5BF3653FA3

 UNIVERSITY OF COLORADO BOULDER Tenure-Track Faculty Recruiting Authorization Form

Form Submitted By: 

Name mark Diekhoff Campus Email Mark.Diekhoff@Colorado.EDU Date: 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