



REQUEST FOR LEAVE WITHOUT PAY (LWOP) FOR FACULTY

Complete the below request form and submit to your department for review and approval. A person requesting a leave of absence without pay is advised to become aware of the conditions of the leave per [Article 22 of the Unit 3 - Faculty Collective Bargaining Agreement](#).

Name: _____ EMPLID: _____

College: _____ Department: _____

Appointment Type:

Tenured Probationary* FERP (one-year limit) Temporary (Lecturer)

Requested Leave Terms:

Period of Leave (select one): Academic Year _____ Fall 20____
 Other dates: _____ to _____ Spring 20____

Timebase Reduction: Full-time Leave Partial Leave (WTUs Reduced by ____/per semester)
(Full-time employment is 15 WTUs per semester. To maintain benefits coverage, faculty must be employed for a minimum of 7.5 WTUs (tenured and probationary) or 6 WTUs (lecturers) in a semester.)

Type of Leave: Professional Personal

Brief description of the purpose of the requested LWOP (attach additional page(s) if necessary):

Check this box if this is an extension of a current LWOP

By signing below, I acknowledge that I have reviewed the conditions of the leave per [Article 22](#) of the Unit 3 - Faculty Collective Bargaining Agreement. In addition, I acknowledge that it is my responsibility to make arrangements for benefits coverage while off of payroll status during the leave of absence without pay or below half-time and I understand my salary and benefits during the summer months are likely to be affected. (Please contact the Human Resources Benefits Office (278-6213) for information and benefits/deductions arrangements.)

Signature of Requester

Date

Per Article 22.4 the faculty will be notified in writing approving or denying the requested leave along with any conditions of the leave. The leave shall not be considered approved until this notification is received.

*A LWOP or partial LWOP does not automatically extend the probationary period for probationary faculty. If you would like to request an extension of your probationary period due to the nature of this leave per [Article 13.7 or 13.8](#), please contact the Office of Faculty Advancement for instructions.

