



# The University of Michigan Request for Leave of Absence

Reference Standard Practice Guide 201.30 & 201.30-1, Leaves of Absence, or appropriate collective bargaining agreement.

Date of Request \_\_\_\_\_ UMID \_\_\_\_\_ U.S. Social Security # \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Title of Position \_\_\_\_\_ Department \_\_\_\_\_

Dept. Address \_\_\_\_\_

Supervisor's/ Dept. Chair's Name \_\_\_\_\_ Supervisor's/ Dept. Chair's Phone \_\_\_\_\_

**FACULTY/STAFF MEMBER: CHECK THE TYPE OF LEAVE, SUPPLY THE REQUIRED INFORMATION IN WRITING, AND PROVIDE ATTACHMENTS AS INDICATED.**

**Leaves applicable to faculty and staff:**

- Child Care State the date of the child's birth, adoption, or foster placement. Date \_\_\_\_\_
- Educational Indicate school and credit hours. If not a UM student, attach a completed Educational Leave Addendum, available at <http://www.umich.edu/~hrris/forms.html>, to verify registration.
- Family Medical Attach U.S. Department of Labor Certification of Physician or Practitioner (Form WH380).
- Government Service Indicate the nature and duration of the government service.
- Intergovernmental Personnel Assignment Attach OF69 Assignment Agreement. (Refer to SPG 201.30-5, Federal Personnel Agreements.)
- Military Service Attach a copy of the Notice of Induction or Authorization for Active Duty.
- Medical Attach U of M Illness or Injury Report, available at <http://www.umich.edu/~connect/forms.htm>. If receiving Workers' Compensation, indicate whether you want to use up your vacation time before the leave begins.
- Medical/ Child Care Attach U of M Illness or Injury Report, available at <http://www.umich.edu/~connect/forms.htm>, and when the child is born, provide the date of the child's birth. This leave is only applicable to employees not eligible for extended sick time.
- Phased Retirement Use this form to initiate a phased retirement program. Describe the arrangement for the phased retirement program. (Refer to SPG 201.83, Retirement.)
- Personal State the reason for requesting the leave: \_\_\_\_\_
- Seasonal Leave Appointment Use this form to establish the initial seasonal leave period. (Refer to SPG 201.30-3, Seasonal Leave of Absence Appointment.)

**Leaves applicable to faculty members only:**

- Duty Off Campus Indicate the location and duties to be performed. (Refer to SPG 201.90, Duty Off-Campus.)
- Outside Teaching Assignment Indicate the name of the educational institution and the duties to be performed.
- Research State the nature of the research program, the location, and the funding source.
- Retirement Furlough Indicate specific plans and effective date of complete retirement. (Refer to SPG 201.81, Retirement Furlough.)
- Scholarly Activity State the nature of the activity, the location, and the funding source. (Refer to SPG 201.30-4, Scholarly Activity Leave.)

I request that my leave begin on \_\_\_\_\_ and end on \_\_\_\_\_. (If necessary, give approximate dates.)

I understand that returning to work before the leave's expiration date is at the discretion of the University.

**\*\* Assuming that I have an eligible appointment upon my return from leave, I authorize the University to automatically re-enroll me (and my dependents, if applicable) in those Benefits Plans in which I was enrolled as of my last day of work (prior to the leave) and to deduct any resulting costs from my earnings. My most recent beneficiary designation for Group Life Insurance will be continued.\*\***

Office Phone \_\_\_\_\_ Faculty/Staff Signature \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Address \_\_\_\_\_

**FACULTY/STAFF MEMBER: RETURN THE COMPLETED FORM TO YOUR SUPERVISOR/DEPARTMENT CHAIRPERSON.**

# Request for Leave of Absence – Page 2

Please use this form to indicate leave type and length of leave (to be completed by department representative or HR)

**Supervisor/Department Administrator/HR– Please complete all required information (if applicable) in writing and provide attachments as indicated.**

Employee Name \_\_\_\_\_

Empl ID \_\_\_\_\_

Date paid time ends \_\_\_\_\_

FOR HRRIS USE ONLY		
Empl Rcd# _____		
Effdt	Eff. Seq	Act/Reason

Please list FMLA leaves separate from other leave types.

1 <sup>st</sup> leave type (from pg 1)	2 <sup>nd</sup> leave type (from pg 1)
_____	_____
Begin date _____	Begin date _____
End date _____	End date _____
<input type="checkbox"/> FMLA leave	<input type="checkbox"/> FMLA leave
<input type="checkbox"/> Non FMLA leave	<input type="checkbox"/> Non FMLA leave
If FMLA leave is more than 12 weeks indicate reason in comments section.	If FMLA leave is more than 12 weeks indicate reason in comments section.

## COMMENTS

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Please indicate date employee was notified of FMLA status or attach copy of notification letter

\_\_\_\_\_

HR Rep Signature \_\_\_\_\_