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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART 1: PERSONAL INFORMATION *(LOA) Faculty Member to return completed form to department chair.*** | | | | | | | | | | | | | |
| Last Name: | | | | | First Name: | | | | | Middle Name: | | UMID: | |
| Department: | | | | | | | Department ID: | | Title of Position: | | | Date of Request: | |
| **PART 2: FACULTY MEMBER** *Check the type of leave, supply the required information in writing, and provide attachments as indicated.* ***Reference Standard Practice Guide 201.30-1, Leaves of Absence.*** *NOTE: Faculty represented by a Union should refer to the collective bargaining agreement that governs the terms and conditions of their employment for information regarding leaves of absence.* | | | | | | | | | | | | | |
|  | **PART 2a: LEAVES APPLICABLE TO FACULTY** *(Page 2 must be completed and attached.)* | | | | | | | | | |  |  | **For SSC**  **Use Only** |
| **LEAVE TYPE** | | | | **DESCRIPTION** | | | | | | | | | **PMOD** |
| Duty Oﬀ-Campus | | | | Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to SPG 201.90  and Faculty Handbook 16.B.4) | | | | | | | | | CA (Full)  CB (Partial) |
| Intergovernment Personnel Assignment | | | | Attach OF69 Assignment Agreement. Such assignments will be for a specified, limited duration.  Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to SPG 201.30-5 and Faculty Handbook 16.B.3) | | | | | | | | | DJ |
| LEO Scholarly Leave (unpaid) | | | | Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to LEO Contract  Article XXXI, Section C, #2) | | | | | | | | | DZ |
| Outside US Assignment | | | | Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to SPG 201.30-1 and Regents Bylaws, Section 5.13) | | | | | | | | | IZ |
| Phased Furlough Agreement | | | | Indicate specific plans and eﬀective date of combined retirement furlough and phased retire- ment plans, only if hired prior to 01/01/1984. **Retirement Agreement required, but no PAR transaction**. (Refer to SPG 201.81 and SPG 201.83.) | | | | | | | | | BD |
| Research Leave (unpaid) | | | | Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to SPG 201.30-1) | | | | | | | | | AK |
| Retirement Furlough | | | | Indicate specific plans and eﬀective date of complete retirement, only if hired prior to 01/01/1984.  **Retirement Agreement required, but no PAR transaction**. (Refer to SPG 201.81 and SPG 201.83) | | | | | | | | | BB |
| Scholarly Activity Leave | | | | Indicate the location and duties to be performed in Section 4b and 4c. (Refer to SPG 201.30-4  and Faculty Handbook 16.B.2) | | | | | | | | | DI |
| Teaching Leave (unpaid) | | | | Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to SPG 201.30-1) | | | | | | | | | AJ |
| Personal  (unpaid) | | | | State the reason for the leave:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Note: System lists end of leave with return to work.* | | | | | | | | | AG  AW (FMLA) |
| **PART 3: LEAVE ACKNOWLEDGEMENT AND APPROVAL** | | | | | | | | | | | | | |
| Returning to work before the leave expiration date is at the discretion of the University. Benefit plans not continued during the leave (self and dependents, if applicable) will be reinstated upon return from leave into a benefit eligible appointment. Deductions | | | | | | | | | | | | | |
|  | f | or reinstated benefits will resume. | | | | | | | | | | | |
| **Faculty Signature:** | | | | | | | | **Faculty Name Printed:** | | | | | |
| **Approved by Department Head:** | | | | | | | | **Dean/Director or Representative:** | | | | | |
| Telephone: | | | Date: | | | Uniqname: | | Telephone: | | | Date: | Uniqname: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (Last, First, Middle): | | | UMID: | |
| **PART 4: LEAVE INFORMATION** | | | | |
| **To be completed by faculty member:** Please submit this form to the chair(s)/director(s) of all the units in which you hold budgeted appointments for approval. | | | | |
| Leave Begin Date:  Leave End Date: | | Is a portion of this leave covered under FMLA? Yes No  If yes, list dates covered under FMLA below in Part 4d: Leave without salary | | |
| **PART 4a: Select one of the following leaves and check relevant boxes *(information required in Part 4b, 4c and/or 4d)*** | | | | |
| **Duty Oﬀ-Campus Leave (DOC) for:** | | | | |
| One Term | 100% Salary Support | | | |
| Two Terms | 50% Salary Support | | | |
| Other |  | | | |
| **Leave Without Salary (LWOS). Please explain reason for LWOS in Part 4d below.** | | | | |
| **PART 4b: Location during leave *(information required for Regents’ reporting purposes)*** | | | | |
| Organization: | | City: | | State/Country: |
| **PART 4c: Briefly describe research plans while on leave *(information required for Regents’ reporting purposes)*** | | | | |
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| **PART 4d: Briefly explain reason for Leave Without Salary *(information required for Regents’ reporting purposes)*** | | | | |
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|  | | | | |
| **Note: For University Year appointments on a leave at any effort less than 100%, Fall term leaves will begin at the start of the fall term. Winter term leaves will run until the end of the winter term. Salary and Benefits will also be altered beginning in July for fall and ending in June for winter. Deviations from these dates could result in proration of pay and could also impact benefit eligibility**. [https://finance.umich.edu/finops/payroll/forms/uyrmaypowerpointexce](https://finance.umich.edu/finops/payroll/forms/uyrmaypowerpointexcel)l | | | | |

# FACULTY LEAVE OF ABSENCE REQUEST

***Form***

***HR36609***



Page 3 of 4

## DESCRIPTIONS FOR FACULTY LEAVE OF ABSENCE REQUEST

##### Duty Oﬀ-Campus - Full

Duties require activities at a site away from one of the three campus locations for a period of one month or more. Indicate the loca- tion and duties to be performed in Sections 4b and 4c. (Refer to SPG 201.90 and Faculty Handbook 16.B.4)

##### Duty Oﬀ-Campus - Partial

Duties require activities at a site away from one of the three campus locations for a period of one month or more. Indicate the loca- tion and duties to be performed in Sections 4b and 4c. (Refer to SPG 201.90 and Faculty Handbook 16.B.4)

##### Intergovernmental Personnel Assignment

Attach OF69 Assignment Agreement. Enter into agreements with agencies of the Federal Government which allow for the tempo- rary assignment of University faculty or staﬀ members to roles in those agencies or for similar assignment of Federal employees to

roles within the University. Intergovernmental Personnel Agreements are intended to enhance cooperation between the University and Federal agencies, to take advantage of unusual expertise, skills, or talents, and to provide valuable professional development op- portunities for the staﬀ members involved.Such assignments will be for a specified, limited duration. Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to SPG 201.30-5 and Faculty Handbook 16.B.3)

##### LEO Scholarly Leave (unpaid)

Refer to LEO Contract Article XXXI, Section C, #2.

##### Outside US Assignment

The person is elected to a full-time public political oﬃce (except that of Michigan state legislator), or appointed to an oﬃce of signifi- cant responsibility such as head of or assistant to the head of an oﬃce, department, or branch or the federal, state, or local govern- ment, or to a position of significant responsibility in a non-profit organization dedicated to public service. Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to SPG 201.30-1 and Regents Bylaws, Section 5.13)

##### Phased Furlough Agreement

Indicate specific plans and eﬀective date of combined retirement furlough and phased retirement plans, only if hired prior to 01/01/1984. Retirement Agreement required, but no PAR transaction. (Refer to SPG 201.81, SPG 201.83)

##### Research Leave (unpaid)

The person is invited to participate in a unique research project. Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to SPG 201.30-1)

##### Retirement Furlough

Indicate specific plans and eﬀective date of complete retirement, only if hired prior to 01/01/1984. Retirement Agreement required, but no PAR transaction. (Refer to SPG 201.81 and SPG 201.83)

##### Scholarly Activity Leave

Accept a temporary appointment at another institution when the appointment would, in the interest of the University, permit the faculty member to engage in scholarly activities that would not be otherwise practicably available, and that would significantly en- hance the professional eﬀectiveness of the faculty member. Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to SPG 201.30-4 and Faculty Handbook 16.B.2)

##### Teaching Leave (unpaid)

The person is invited to teach as a visiting faculty member in another teaching institution. Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to SPG 201.30-1)

##### Personal Leave (unpaid)

Indicate the reason for requesting this leave type. If a portion of this leave will be covered under FMLA indicate the dates covered in section 4d. (Refer to SPG 201.30 and 201.30-1)

# FACULTY LEAVE OF ABSENCE REQUEST

***Form HR36609***



Page 4 of 4

## INSTRUCTIONS FOR FACULTY LEAVE OF ABSENCE REQUEST

##### This form is used for:

* Faculty leave of absence (Part 2a).

##### This form needs to be prepared when:

* Faculty member requests a leave of absence.

### PLEASE INCLUDE THE FOLLOWING INFORMATION:

**PART 1: PERSONAL INFORMATION *(Leave of Absence)***

* Employee name.
* UMID.
* Department information.
* Title.
* Date of request.

**PART 2: FACULTY MEMBER *(Reference Standard Practice Guide 201.30-1, Leaves of Absence)***

* Completed by faculty member.
* Complete Part 2a.

#### PART 2a: LEAVES APPLICABLE TO FACULTY

* Provide required attachments (if any) for the type of leave you have chosen.

### PART 3: LEAVE ACKNOWLEDGEMENT AND APPROVAL

* Approved Faculty Signature and Name Printed.
* Approved faculty member’s department administrator and Dean/Director or Representative.

### PART 4: LEAVE INFORMATION

* Provide Leave Begin Date and Leave End Date for leave(s).
* Indicate if a portion of this leave is covered by FMLA, if so list the dates in section 4d.

#### PART 4a:

* Select DOC or LWOS.

#### PART 4b:

* Provide location during Leave.

#### PART 4c:

* Describe Research Leave plans.

#### PART4d:

* Describe Reason for LWOS plans and/or list FMLA covered leave dates.