

# FACULTY LEAVE OF ABSENCE REQUEST

**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
<input type="checkbox"/> 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)
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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. <b>Retirement Agreement required, but no PAR transaction.</b> (Refer to SPG 201.81 and SPG 201.83.)	BD
<input type="checkbox"/> Research Leave (unpaid)	Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to SPG 201.30-1)	AK
<input type="checkbox"/> Retirement Furlough	Indicate specific plans and effective date of complete retirement, only if hired prior to 01/01/1984. <b>Retirement Agreement required, but no PAR transaction.</b> (Refer to SPG 201.81 and SPG 201.83)	BB
<input type="checkbox"/> 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
<input type="checkbox"/> Teaching Leave (unpaid)	Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to SPG 201.30-1)	AJ

**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 for 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:
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**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:
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**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:**

<input type="checkbox"/> One Term	100% Salary Support
<input type="checkbox"/> Two Terms	50% Salary Support
<input type="checkbox"/> 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:
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**PART 4c: Briefly describe research plans while on leave (*information required for Regents' reporting purposes*)**


**PART 4d: Briefly explain reason for Leave Without Salary (*information required for Regents' reporting purposes*)**


**Note: For University Year appointments on a leave at any effort less than 100%, Fall Term Leaves will run from the beginning of the Academic Year (8/31 to 12/31 for Ann Arbor and Dearborn) (9/1 to 12/31 for Flint). Winter Term Leaves will run until the end of the Academic Year (1/1 to 5/31). Salary and Benefits will also be altered beginning in July for Fall and ending in June for Winter.**

## 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 location 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 location 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 temporary 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 Assignments 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 opportunities 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 significant responsibility such as head of or assistant to the head of an office, department, or branch or the federal, state, or local government, 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 enhance 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)

## 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) in Section 2a.

**PART 4a:**

- Select DOC or LWOS.

**PART 4b:**

- Provide location during Leave.

**PART 4c:**

- Describe Research Leave plans.

**PART 4d:**

- Describe Reason for LWOS plans.