

Faculty Leave of Absence Notice

Employee Name:

Banner ID:

Title:

Department:

Effective Dates:

Leave Start Date:

Expected Return Date:

Reason for Leave:

- | | | | |
|--------------------------|--|--------------------------|---------------------------|
| <input type="checkbox"/> | Employee's own serious health condition | <input type="checkbox"/> | Military exigency (FMLA) |
| <input type="checkbox"/> | Sick child home care (OFLA) | <input type="checkbox"/> | Military caregiver (FMLA) |
| <input type="checkbox"/> | Parental leave (incl. adoption) | <input type="checkbox"/> | Military service |
| <input type="checkbox"/> | Spouse called to military duty | <input type="checkbox"/> | Other, please explain. |
| <input type="checkbox"/> | Serious health condition of family member
(specify relationship: _____) | | |

I have coordinated my leave with my Chair/Dean for coverage planning. Yes No

Please choose one:

- I am a full time faculty member and intend to use my available weeks of paid leave for my own illness or family leave per the Faculty Handbook.
- A reduced course load has been approved by the Dean/Provost for this leave.
- I have been approved for an unpaid leave of absence.

Employee Signature _____ Date _____

** Please retain a copy of this form for your records, and forward the original to Human Resources, Waldschmidt Hall 503, MSC 168**