

FY _____

Leave of Absence Request Form - Faculty

Submit to Rosie Lopez at: rlopez@usf.edu

Dr. Dwayne Smith, Senior Vice Provost for Faculty Affairs

IMPORTANT: Requests for a leave or extension of leave of one semester or more must be processed not later than 30 days from receipt of the request.**PART I (To be completed by the applicant)**

Name _____ Employee I.D. No. _____

College/Division _____ Department/Unit _____

Department/Unit Account No. _____ Initial date of employment: _____

Current rank _____ Effective date of rank _____

Current salary: 9 mo. _____ 12 mo. _____

FTE: _____ Mail point: _____

Check status: Tenured (tenure date: _____) Untenured & tenure-earning Non-tenure-earning

Dates of requested leave: From _____ Through _____

Current leave balance: Annual leave _____ Sick leave _____

Leave type: With pay (_____ hours AL; _____ hours SL) Without pay Intermittent leave (_____ hours AL; _____ hours SL per pay period) Reduced work assignment (explain: _____)

FTE: _____

List chronologically previous leaves from USF (with pay or without pay) and purpose:

Purpose of requested leave: Personal Medical Professional/Academic

Explain:

Leaves of absence requested and granted for professional/academic reasons are considered equivalent to assigned duties. It is the responsibility of the applicant, by agreement with the department/unit chair or director, to provide data for evaluation of performance consistent with the purpose of the leave.

Does this absence qualify as a serious health condition under the Family and Medical Leave Act (FMLA)? If you are not sure of the answer, check the [Human Resources Attendance & Leave Website](#) for FMLA general information.

Yes No

If "yes," please complete and attach the *FMLA Certification Form* and the *Certification of Health Care Provider and Serious Health Condition Definitions*, both found on the site listed above.

If the basis of this leave qualifies as a serious health condition under the FMLA, the University intends to track this absence as a part of your FMLA entitlement.

SIGNATURE OF APPLICANT _____

Forwarding Address:

PART II (To be completed by applicant's department/unit chair or director)

1. If the leave is for professional/academic purposes, please provide or, attach, a brief statement regarding the value of the requested leave to (a) the professional/academic development of the applicant; and (b) the department/unit, college, and university.

2. If this leave is granted to a tenure-earning but non-tenured faculty member, will the leave period count as part of time earned toward tenure? (Refer to UFF CBA, Article 17.4)

Yes No

3. With tenure clock extension, semester/year materials will be submitted: _____

4. Faculty member will notify USF of intent to return by (date): _____

PART III (To be completed by college/division or campus dean):

Please provide, or attach, the basis of the approval/denial of this leave:

PART IV (Signatures)

Department/Unit Chair or Director: _____

Approve Disapprove Date _____

IMPORTANT: It is the responsibility of the chair/director to notify the employee within two business days of receipt of the request by the university that the leave time will be counted as part of the employee's Family & Medical Leave Act (FMLA) entitlement.

Dean: _____

Approve Disapprove Date _____

Provost or Vice President for Health Sciences: _____

Approve Disapprove Date _____