# REQUEST FOR LEAVE WITHOUT PAY OR SPECIAL LEAVE (Pre-Approval Form)

## **\*\*THIS FORM IS <u>NOT</u> TO BE USED FOR FAMILY AND MEDICAL LEAVE (FML).\*\*** Requests

for Leave Without Pay and Special Leave as outlined in the *Academic Faculty and Administrative Professional Manual* (see below) should be submitted using this form.

## Academic Faculty and Administrative Professional Manual

### F.1 Absences from Campus

A long-standing Board regulation forbids unauthorized absence of employees from the campus. It is the responsibility of the department head to authorize absences of academic faculty members and administrative professionals for legitimate purposes and to have available at their offices at all times information on the whereabouts of absent employees that they may be reached in event of administrative necessity or family emergency. Each individual is responsible for notifying his or her administrative superior of any absence.

Application for leave, the granting of which will require the University to obtain a replacement, shall be submitted at least ninety (90) days prior to the date on which leave is expected to begin. An academic faculty member or administrative professional whose application for leave is approved to permit him or her to accept temporary employment outside the University shall be responsible for informing the temporary employer that such employment is on the basis of leave granted by the University.

### F.3.13 Leave Without Pay

An academic faculty member or administrative professional with a regular, multi-year research, or special appointment may be granted leave without pay with prior approval by the Board. A request for such leave must be sent through channels to the President. See the *Academic Faculty and Administrative Professional Benefits and Privileges* Handbook regarding continuation of benefit coverage while on leave without pay.

# F.3.14 Special Leave

Any leave, with or without salary or expenses, that does not fall under one (1) of the categories found in the other sections of this *Manual* shall be designated as a special leave. Each case shall be considered on its merits upon recommendation through administrative channels to the President.

Name:	Date of Appointment at Colorado State University:			
Present Rank:				
Department:				
Current Salary:				
Dates of Leave Requested:				
Type of Leave Requested:*				

# \*Department Chair/Supervisor determination that Family and Medical Leave (FML) is <u>NOT</u> applicable (check and sign below):

Human Resource Services was consulted and FML is <u>NOT</u> applicable.

Signature	of Dep	artment	Chair	or Su	pervisor
0	1				

If NO, please indicate here if the tenure probationary period will be suspended\*\* during the leave period. PLEASE NOTE: A formal request for suspending the tenure probationary period, including justification and dates of suspension, must be attached and signed by the Department Chair and Dean.

\*\*To suspend means to not count the time on leave as part of the usual six-year probationary time period.

**Previous Leaves Without Pay or Special Leaves Granted by CSU:** 

Type	Dates

### **Purpose of Leave:**

Write a concise paragraph describing the research project and/or the endeavors you will undertake or pursue while on leave. Please state the nature of the proposed arrangement with any institutions or agencies that you will be associated with during the leave. Attach copies of letters of invitation and any other documents pertinent to your leave plans.

### **Arrangements for Covering Assignments:**

### **Compensation**:

If you have applied for or expect to receive any compensation, in addition to your leave pay (grants, fellowships, salaries, etc.), state the amount, source, and nature of such compensation.

### **APPROVED**:

Original Signature of Individual Requesting Leave or their Legal Designee

Department Chair/Supervisor

Dean of the College/Director

Provost and Executive Vice President

Updated: April 2009

Date

Date

Date

Date