

FACULTY LEAVE OF ABSENCE APPLICATION FORM

I would like to request a leave of absence from the University beginning _____ and ending _____ as detailed below:

Type of Leave:

Medical Exceptional Need/Personal* Military
 Political Exchange Professorship FMLA - Self
 FMLA – Family (relationship: _____) Professional (attach supporting documentation)

Employee Information:

Name: _____ Date of Birth: _____

Faculty Rank: _____ Department: _____

EID: _____

Address: _____
(street, city, state, zip code and phone number)

Employee Signature: _____

***If applying for an Exceptional Need/Personal Leave, your signature on this form indicates that you will not accept employment elsewhere during the period of the leave.**

Benefits Information:

IMPORTANT: Failure to complete the Benefits section below will result in cancellation of insurance in accordance with established policy and the collective bargaining agreement of EMU-AAUP. You will need to contact the Benefits office to ensure continuation of benefits within 30 days of your return or your benefits will not be reinstated.

Continue my insurances. I understand the Benefits Office will contact me regarding rates and payment dates.

Discontinue my insurances. I realize that I will need to re-enroll for insurance at the Benefits Office when I return to work.

Administrative Recommendation:

Approved Denied (attach rationale on separate page)

(Department Head/School Director) (Date)

(Dean) (Date)

(Associate Provost – for Professional LOA only) (Date)

Academic Human Resources:

Effective Date: _____ End Date: _____

Approved by: _____ Date: _____