APPLICATION FOR LEAVE WITHOUT PAY

Before completing this application, carefully read Article 22, Leave of Absence without Pay, of the Unit Three (Faculty) Agreement, some provisions of which are summarized below. Conditions to the leave may be set by the appropriate administrator(s).

**Summary of Policies for Leave without Pay**

**Eligibility:** Full-time faculty and less-than-full-time tenured faculty.

**Purpose:**

- For **Professional** leave: Research, advanced study, professional development, or other purposes of benefit to the University.
- For **Personal** leave: Unpaid sick leave, outside employment, maternity/paternity, family care leave, or other purposes of a personal nature.

**Length of Leave:**

- For **Professional** leave: must be a specific period of time- one (1) or two (2) semesters, or one (1) year, or up to two (2) years. An extension may be granted up to one (1) year at a time.
- For **Personal** leave: A maternity/paternity or family care leave may be granted to probationary or tenured faculty for up to twelve (12) months.

**Break in Service:** A maternity/paternity or family care leave does not constitute a break. For other types of personal leave, the President will determine if a break occurs.

**Service Credit:**

- For **Professional** leave: one (1) year maximum service credit normally accrues toward probation, sabbatical leave eligibility, difference-in-pay leave eligibility. One (1) year maximum per leave and extensions thereof normally accrue toward service salary increase eligibility. Seniority credit normally accrues.
- For **Personal** leave: Does not accrue toward probation, sabbatical leave eligibility, difference-in-pay leave eligibility, service salary increase eligibility, or seniority.

**Benefits:**

For leaves of fifteen (15) days or less, faculty receive health and dental benefits in the same manner as when in pay status. For leaves of more than fifteen (15) days, benefits may be continued at faculty expense.

**PERS Credit:**

Does not accrue; but faculty may “buy back” credit after return to pay status.

**Written notice of intent to return to duty:**

Written notice must be sent to the College Dean and the Associate Vice President for Academic Affairs Personnel Services by April 1st if returning for fall semester, or by October 1st if returning for spring semester.

**Early return from leave:**

Return before expiration of leave is permitted only with the written approval of both the College Dean and the Assistant Vice President for Academic Affairs Personnel Services.

**Report on leave:**

- For **Professional** leave: Must be submitted upon return from leave.
- For **Personal** leave: Not required.
**Instructions:** Provide all requested information. If the leave without pay is approved, any change in plans must have the approval of the Department Chair, College Dean, and the Associate Vice President for Academic Affairs Personnel Services.

Type of leave requested (check only one): [ ] Professional [ ] Personal

Name ____________________________ Department _______________________ Rank __________________

Tenure Status _______________________ Employed in CSU system since ________________________________

Month Day Year

Previous leaves of absence (dates and types – with or without pay) ______________________________________

Period of leave (check only one)

**Partial leave:** indicate the fraction of leave requested. The salary for a reduced teaching load is based pro rata on the salary for a full load of 15 semester units – 15/15. Submit justification for units requested for other than teaching assignments if partial leave is requested.

- ______ Fall semester ______ year ______/15 timebase
- ______ Spring semester ______ year ______/15 timebase
- ______ Academic year ______ year ______/15 timebase
- ______ Other ______ ______/15 timebase

If “other”, specify exact dates of leave: ________________________________ (Inclusive dates)

I understand that, if my return from this leave occurs during a period of layoff, although my position is not guaranteed, I am entitled to compete for a position on the basis of seniority.

______________________________________________________________________________

Signature Date

Address City and Zip

**For Professional Leave:** Attach a proposal in support of this application. Include a detailed plan of the research or other project and a statement of the resulting benefits to the University and its students.
Recommendations and Approvals

________Department Chair recommends approval of leave.

________Department Chair does not recommend approval of leave. Reason:

Department Chair

Signature

Date

________College Dean recommends approval of leave.

________College Dean does not recommend approval of leave. Reason:

Vacant position will be utilized in the following way:

College Dean

Signature

Date

________Associate Vice President for Academic Affairs Personnel Services recommends leave.

________Associate Vice President for Academic Affairs Personnel Services does not recommend leave. Reason:

Associate Vice President:

Signature

Date

________Provost recommends leave.

________Provost does not recommend leave. Reason:

Provost/Vice President for Academic Affairs:

Signature

Date

________President grants request for leave.

________President denies request for leave. Reason:

President/Designee

Signature

Date

If approved, original proposal (for professional leave only) to Applicant’s Personnel Action File.

If denied, original proposal (for professional leave only) and application to Applicant’s Personnel Action File.

Copy of application (only) to:
Applicant
College Dean
Human Resources Management

Copy of application (only) to:
Applicant
College Dean

AAPS 02/11