



REQUEST FOR LEAVE WITHOUT PAY (LWOP) FOR FACULTY

Complete the below request form and submit to your department for review and approval. A person requesting a leave of absence without pay is advised to become aware of the conditions of the leave per [Article 22 of the Unit 3 - Faculty Collective Bargaining Agreement](#).

Name: _____ EMPLID: _____

College: _____ Department: _____

Appointment Type:

Tenured Probationary* FERP (one-year limit) Temporary (Lecturer)

Requested Leave Terms:

Period of Leave (select one): Academic Year _____ Fall 20 _____
Other dates: _____ to _____ Spring 20 _____

Timebase Reduction: Full-time Leave Partial Leave (WTUs Reduced by ____/per semester)

(Full-time employment is 15 WTUs per semester. To maintain benefits coverage, faculty must be employed for a minimum of 7.5 WTUs (tenured and probationary) or 6 WTUs (lecturers) in a semester.)

Type of Leave: Professional Personal

Will you have been on sabbatical the semester immediately preceding the requested LWOP? ____ Yes ____ No
If yes, STOP immediately and contact the Office of Faculty Affairs at facultyaffairs@csus.edu regarding the return from sabbatical requirements (Article 27.20).

Brief description of the purpose of the requested LWOP (attach additional page(s) if necessary):

Check this box if this is an extension of a current LWOP

By signing below, I acknowledge that I have reviewed the conditions of the leave per [Article 22](#) of the Unit 3 - Collective Bargaining Agreement. In addition, I acknowledge that it is my responsibility to make arrangements for benefits coverage while off of payroll status during the leave of absence without pay or below half-time and I understand my salary and benefits during the summer months are likely to be affected. (Please contact the Human Resources Benefits Office (278-6213) for information and benefits/deductions arrangements.)

Signature of Requester

Date

Per Article 22.4 the faculty will be notified in writing approving or denying the requested leave along with any conditions of the leave. The leave shall not be considered approved until this notification is received.

*A LWOP or partial LWOP does not automatically extend the probationary period for probationary faculty. If you would like to request an extension of your probationary period due to the nature of this leave per [Article 13.7 or 13.8](#), please complete the [Request for Extension of the Probationary Period form](#) on the Office of Faculty Affairs website. A LWOP, without an approved extension, does not provide an exemption from the annual performance review process.

Requester Name: _____ Department: _____
--

RECOMMENDATION OF DEPARTMENT CHAIR / DIRECTOR:

The applicant's request for LWOP has been reviewed.

I Recommend Approval

I Do Not Recommend Approval

Department Chair / Director

Signature

Date

Comments: _____

RECOMMENDATION OF DEAN/ADMINISTRATOR:

The applicant's request for LWOP along with the recommendation of the Department Chair/Director has been reviewed.

I Recommend Approval

I Do Not Recommend Approval

Dean / Administrator

Signature

Date

Comments: _____

► **Dean's Office:** Attach this completed request with all signatures above to an electronic PTF (ePTF) and submit to the Office of Faculty Affairs (OFA). OFA will then forward the request to the Provost for consideration and a final decision.

► For questions, contact the Office of Faculty Affairs at x82913 or facultyaffairs@csus.edu.

DECISION OF PROVOST (as President's Designee)

Approved

Not Approved

Provost - Vice President for
Academic Affairs

Signature

Date

Comments: _____

C: Dean
Department Chair
Personal File