



## 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)

(As long as the timebase is half-time or more, there will not be any change in health or life insurance benefits.)

Type of Leave:     Professional     Personal

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 - Faculty 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 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.

Requester Name: _____ Department: _____
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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: \_\_\_\_\_

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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:** Forward this completed request with all signatures above and an attached PTF to the Office of Faculty Advancement (OFA), Sacramento Hall 155 or via campus mail to zip 6136. OFA will then forward the request to the Provost for consideration..

► For questions, please contact the Office of Faculty Advancement at x82913.

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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