

LEAVE WITHOUT PAY REQUEST *

Name (Last, First, Middle) _____ UID _____

Title _____ Tenured _____ Non-tenured (see **Stipulations** below)

Primary Dept. _____ College _____ (use 4-letter acronym).

Secondary Dept. _____ College _____ (use 4-letter acronym).

(If a faculty member holds a joint appointment, the department will be responsible for obtaining signatures from secondary chair/dean.)

DESCRIPTION OF THE REQUEST

REQUESTING (Check One): 9/9.5/10-month appointment **-OR-** 12-month appointment
one semester academic year a time period not to exceed one year

FOR THE PERIOD (Month/Day/Year) ____/____/____ to ____/____/____

THIS REQUEST IS (Check One): New Partial LWOP to _____% Extension Change

REASON:

STIPULATIONS

SABBATICAL LEAVE - The period of Leave Without Pay will **not** count toward eligibility for Sabbatical Leave
TENURE REVIEW PERIOD – For professorial faculty without tenure:

Tenure clock will continue to run (Review Year _____ - _____)

Stop the clock and delay review year to _____ - _____ *

***The form, Request for Delay of Mandatory Review, and supporting documents must be attached for consideration of stopping the tenure clock and delaying the review year.**

FACULTY ATTESTATION

Leave Without Pay is granted with the understanding that this leave will not substantially disrupt the academic program of the unit and that I will return to UMCP upon termination of the Leave Without Pay.

I have been notified of the Consolidated Omnibus Budget Reconciliation Act (COBRA) and leave of Absence Without Pay (LAW) provisions, and I understand that I am required to complete the COBRA/LAW Election Form and forward it to the campus Personnel Benefits Office within 60 days of the effective date of my leave.

FACULTY MEMBER _____ DATE _____ (mm/dd/yy)

RECOMMENDATIONS

The department can meet its instructional responsibilities within its present budget and the progress of graduate students toward their degrees will not be impaired.

RECOMMENDED _____
Primary Department Chair/Dir. Date Secondary Department Chair/Dir. Date

RECOMMENDED _____
Primary Dean Date Secondary Dean Date

Forward this form to the Personnel & Budget Section of the Office of the SVPAAP, 2119A Main Administration.

APPROVAL FOR PRESIDENT _____ DATE _____

*** Upon receipt of this approval, it is the responsibility of the Department to enter leave dates into PHR.**