

FACULTY REQUEST FOR APPROVAL OF LEAVE WITHOUT PAY

Leave Without Pay: After a faculty member has completed one academic year of continuous service, a leave of absence without pay of up to one year may be granted for justifiable reasons. This type of leave of absence is referenced generally as "Personal Leave." (See Section 4.5.1 of the UAB Faculty Handbook for additional information.) *(NOTE: ACT DOCUMENT MUST BE PROCESSED.)*

NAME: _____ FACULTY ID#: _____

FACULTY RANK: _____ SCHOOL/UNIT: _____

DEPARTMENT: _____ DIVISION: _____

EMAIL ADDRESS: _____ CAMPUS TELEPHONE: _____

ACADEMIC EMPLOYMENT SERVICE DATE: ____/____/____ APPOINTMENT LENGTH: TENURED 9-MONTH TENURE-EARNING 12-MONTH

DATES OF REQUESTED LEAVE: ____/____/____ to ____/____/____

DATE OF LAST APPROVED LEAVE WITHOUT PAY: _____

FACULTY POSITION RESPONSIBILITIES COVERED: YES NO

REASON(S) FOR LEAVE:

Signatures	Date
Faculty Member:	
Approved – Department Chair:	
Approved – Dean:	
Approved – Provost:	
Approved – President:	

*Presidential approval not required for Leave Without Pay unless renewed beyond two years.
Distribution: Final approver will send original form back to Faculty Affairs Office for distribution.