

PERSONAL LEAVE OF ABSENCE REQUEST

Faculty Only

See page 2 for guidelines and definitions.

TO BE COMPLETED BY FACULTY

Name:		Dept. Name:	
Faculty Type:	<input type="checkbox"/> Tenured/ TT Faculty	<input type="checkbox"/> Temporary Faculty	
Request Type:	<input type="checkbox"/> New Request	<input type="checkbox"/> Extension of Current Leave	
Leave Type:	<input type="checkbox"/> Full-Time Leave	<input type="checkbox"/> *Part-Time Leave <i>(percent of time base requested as leave):</i>	
Start of Leave:		End Of Leave:	
		Returning To Work:	
I request to use accrued sick leave, if eligible *: <input type="radio"/> Yes <input type="radio"/> No			
Reason for Personal Leave: <i>(choose one)</i>		<i>*medical certification is required</i>	
<input type="checkbox"/>	Maternity*/Paternity/Parental/Adoption	<input type="checkbox"/>	Military – (please attach copies of Military Orders)
<input type="checkbox"/>	Medical – Self*	<input type="checkbox"/>	Other Personal Leave (please specify below)
<input type="checkbox"/>	Medical – Immediate Family Member*		
*If this is a Part-Time Leave of Absence confirm the work assignment that will be retained during the Leave period:			
Extension of Tenure Track Faculty RTP or Temporary Faculty Cumulative Evaluation: <i>(if applicable)</i>			
<p><u>Tenure Track Faculty</u> If eligible, based upon the length and type of your Leave of Absence, and you wish to request to extend your probationary period for one year, submit the Request to Extend the Probationary Period Form along with this LOA request.</p> <p><u>Temporary Faculty</u> If eligible, based upon the length and type of your Leave of Absence and you are scheduled to have a cumulative Evaluation during the academic year of your leave, and you wish to request to postpone your Cumulative Evaluation, submit the Postpone Cumulative Evaluation Form along with this LOA request.</p>			
Faculty Signature:			Date:

TO BE COMPLETED BY DEPARTMENT CHAIR

Recommend Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		
Department Chair Signature:		Date:

TO BE COMPLETED BY DEAN

Recommend Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		
Dean Signature:		Date:

INFORMATION ABOUT THE USE OF THIS FORM

Leave which this form is appropriate: A personal leave of absence without pay. May be for purposes of unpaid sick leave, maternity/paternity, family care leave, or other purposes of a personal nature.

INSTRUCTIONS

Faculty members are eligible to submit a written application for a leave of absence *without* pay in accordance with Article 22 of the Collective Bargaining Agreement. Please refer to Article 22 for additional information.

A Medical Certification is required for family care, medical, and maternity/paternity leaves. Do not attach your Medical Certification to the Request For Personal LOA form. Please send directly to the Director of Faculty Personnel.

Application Deadlines (except in the case of family or medical emergency):

Fall Semester	April 1
Spring Semester	October 1
Other	Eight weeks prior to date of leave
Submit	Please submit this form, in its entirety, to the Director of Faculty Personnel

EXPLANATION OF TERMS

Leave of Absence	An absence from the campus in excess of 10 days, excluding pre-approved vacation, or any time on unpaid status.
Family Care and Medical Leave	A leave for reason of the birth of a child; placement of a child in connection with adoption or foster care; care of a child, parent or spouse who has a serious health condition; or for one's own serious medical condition.
Maternity/Paternity Leave	A leave for the purpose of a parent preparing for the arrival of a new infant and the care of a new infant.
Extension of Tenure Track Faculty RTP	If eligible, based upon the length and type of your Leave of Absence, and you wish to request to extend your probationary period for one year, submit the Request to Extend the Probationary Period form along with this LOA request.
Extension of Temporary Faculty Cumulative Evaluation	If eligible, based upon the length and type of your Leave of Absence <i>and</i> you are scheduled to have a cumulative Evaluation during the academic year of your leave, and you wish to request to postpone your Cumulative Evaluation, submit the Postpone Cumulative Evaluation form along with this LOA request.

COMPLETE FIELDS AS FOLLOWS

Name	Name of Faculty applying for LOA
Dept. Name	Main department of above Faculty
Faculty Type	Choose one: Tenure/Tenure Track or Temporary Faculty.
Request Type	Choose one: New request or Extension of previous request.
Full or Partial Leave	Will the LOA be for full time or a partial leave? For partial leaves please indicate the percentage of time you will be on leave. Please contact Faculty Affairs if needed.
Start of Leave	Date of your leave will begin or start of extension.
Returning to Work	Date you will return to work after LOA.
Reason for Leave	Please choose one. See Explanation of Terms for more information on choices.

QUESTIONS/CONTACT

If you have any questions about completing this form, please call Faculty Affairs at 664-2192 (CRS 877-735-2929 TTY)

Please Email Completed Form to: [Sally Russo, Director of Faculty Personnel](mailto:Sally.Russo@sonoma.edu)