



University of Washington

Academic Human Resources, Office of the Provost
85 Gerberding Hall, Box 351270, Seattle, WA 98195
206.543.5630 acadpers@u.washington.edu

APPLICATION for LEAVE of ABSENCE WITHOUT PAY

NOTE: Leaves of absence are typically limited to no more than 2 consecutive years. Please check with the Benefits Office (<http://www.washington.edu/admin/hr/benefits/>) for details regarding continuation of benefits while on leave.

INSTRUCTIONS: Complete the form on the next page using the numbered instructions below. Print two copies of the completed form. Keep one copy for your records and give the other copy to your Department Chair or Program Director. Please refer to your administrator to determine whether any additional procedures or documentation are required.

NOTE: You will be able to print, but not save the content of your completed form if you are using the freely available Adobe Reader. To save the content of your form (not required), you must use Adobe Acrobat available from <http://www.adobe.com/>.

To be completed by the Faculty/Academic Staff Member:

- 1-3 Enter your full name as it appears in university records.
- 4 Enter your Employee Identification Number (EID); not SSN. If you do not know your EID, you can find it by logging into Employee Self-Service with your UWNNetID at <https://www.washington.edu/admin/payroll/ess/ess.cgi>.
- 5 Enter your Campus Box number for your home department: 35xxxx.
- 6 Enter your UW E-Mail address.
- 7-8 Enter your 4-digit Job Class Code and Job Title;
see http://www.washington.edu/admin/acadpers/jcc_rank.html for a list of Job Descriptions.
- 9 Enter the full-time equivalent (FTE) percentage of your combined appointments. Full-time applicants should enter 100%.
- 10-11 Enter your Department/Program and College/School/Campus name; if your College/School is undepartmentalized, leave the Department/Program field blank.
- 12 List the details of your previous periods of leave at the University of Washington, including date ranges, percent leave and type of leave.
- 13 Enter a brief description of the purpose of your leave.
- 14 Enter period of your proposed leave; you should indicate the *actual* period of your leave. Date ranges for whole quarters are as follows: Autumn (9/16-12/15), Winter (12/15-3/15), Spring (3/16-6/15), Summer (6/16-9/15).
- 15 Indicate the type of leave: Full Leave or Partial Leave. For Partial Leave, complete items 16-17.
- 16-17 For Partial Leave, enter the percentage you will be on leave, and the percentage you will be active. Examples:
 - If you are currently full-time (100% FTE) and you are requesting 100% leave, enter 100% and 0% respectively.
 - If you are currently full-time (100% FTE) and you are requesting 50% leave, enter 50% and 50% respectively.
 - If you are currently 50% FTE and you are requesting 100% leave, enter 50% and 0% respectively.
 - If you are currently 50% FTE and you are requesting 50% leave, enter 25% and 25% respectively.
- 18 Print your name and date, and sign the form.

To be completed by the Department Chair or Program Director:

- 19 Indicate the budgeted FTE percent of the applicant's current appointment.
- 20 Indicate the budget information that is relevant to the proposed leave.
- 21 Indicate information regarding the distribution of the applicant's classes, including plans for teaching and funding.
- 22 Print your name and date, and sign for leave approval.

To be completed by the Dean or Chancellor:

- 23 Print your name and date, and sign for leave approval.

To be completed by Academic Human Resources:

- 24 Print your name and date, and sign for leave approval.

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TO BE COMPLETED BY THE APPLICANT:

(1) Last Name	(2) First Name	(3) Middle Initial
(4) Employee ID (EID)	(5) Campus Box #	(6) UW E-Mail
(7) Job Class Code (optional)	(8) Job Title	(9) Appointment FTE %
(10) Department/Program (if applicable)	(11) College/School/Campus	
(12) List previous leaves of any kind (including date ranges, percent leave, and leave type)		
(13) State briefly the specific purpose of the proposed leave		
(14) Period of leave	From: (mm/dd/yyyy)	To: (mm/dd/yyyy)
(15) Leave Type (for Partial Leave, complete items 16-17)	(16) Percentage on Leave	(17) Percentage Active
<input type="checkbox"/> Full Leave or <input type="checkbox"/> Partial Leave		
(18) Date	Faculty/Academic Staff Member (print)	Signature

TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:

(19) Budgeted FTE	(20) Budget Information (if applicable)
(21) How will the applicant's teaching, research and service obligations be distributed and funded?	

APPROVALS:

(22) Date	Department Chair/Program Director (print)	Signature
(23) Date	Dean/Chancellor (print)	Signature
(24) Date	Academic Human Resources (print)	Signature