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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  | | | | **Unid:** |  | |
| **Faculty Rank:** | |  | | | | | | |
| **Department(s):** | |  | | | | **College(s):** |  | |
| **Type of leave:** | | | | | | | | |
| Administrative Leave  Paid Leave of Absence  Unpaid Leave of Absence  Paid Partial Leave of Absence | | | Other Leave\*  \*parental and sabbatical leaves are processed on a separate form. Medical leave may be done in conjunction with FMLA and requires health care certification. | | | | | |
| **Leave Start Date:** |  | | | | **Leave End Date:** |  | | |
| **Description of leave:** *Please include responsibilities, reason for the leave (but maintain confidentiality), whether and how much any tenure or review schedule will be impacted, and any other relevant information. Please use additional sheet if needed. Pay and benefits during the leave should be arranged with the HR Leave team at* [*AbsenceManagement@utah.edu*](mailto:AbsenceManagement@utah.edu)*.* | | | | | | | | |
| **Is there a tenure or review clock extension requested as part of this leave?  Yes  No** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | |  |
| *Requester Signature* | | | | | | | | *Date* |
|  | | | |  | | | |  |
| *Department Chair/Director Approval* | | | | *Printed Name of Approver* | | | | *Date* |
|  | | | |  | | | |  |
| *Dean Approval* | | | | *Printed Name of Approver* | | | | *Date* |
|  | | | |  | | | |  |
| *Senior Vice President Designee Approval* | | | | *Printed Name of Approver* | | | | *Date* |
| After department and college approvals, please send form to [pendinguniversityapprovals@utah.edu](mailto:pendinguniversityapprovals@utah.edu) for final approval. Please include the final form on the epaf when submitted.  **For Office for Faculty use:**  ☐Form/Approvals complete ☐Added to BoT Agenda (Date:\_\_\_\_\_\_\_\_\_\_\_)  ☐Completed form sent to Department/College/Filed in Faculty File | | | | | | | | |