

Faculty Leave Request Form

Name:	Unid:	
Faculty Rank:		
Department(s):	College(s):	
Type of leave:	7 Out I *	
□Paid Leave of Absence *I	☐ 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:	
whether and how much any tenure or re Please use additional sheet if needed. P team at <u>AbsenceManagement@utah.edu</u>	sponsibilities, reason for the leave (but many of the schedule will be impacted, and any of ay and benefits during the leave should be a	other relevant information. c arranged with the HR Leave
Requester Signature		Date
Department Chair/Director Approval	Printed Name of Approver	Date
Dean Approval	Printed Name of Approver	Date
Senior Vice President Designee Approv	al Printed Name of Approver	Date
After department and college approvals, approval. Please include the final form of	on the epaf when submitted.	provals@utah.edu for final
For Office for Faculty use:		
\square Form/Approvals complete \square Added	to BoT Agenda (Date:)	
□Completed form sent to Department/C	College/Filed in Faculty File	

These leaves are addressed by Policy 6-314 (https://regulations.utah.edu/academics/6-314.php). Please send questions regarding leaves to the Office for Faculty at officeforfaculty@utah.edu or 801.581.8763.