

## Instructions for Applying for Professional Leave with Pay

(THIS PROCEDURE AND FORM APPLY ONLY TO UW PROFESSIONAL STAFF EMPLOYEES)

### Overview and Routing

Application for Professional Leave of Absence with Pay should be submitted at least six months before the proposed leave is to begin. Supporting letters are not required, but may be submitted from individuals either within or outside the University. Information about Professional Leave of Absence with Pay can be found at: <http://hr.uw.edu/professional-staff-program/>

The application must explain the individual's plan for professional leave including how the time on professional leave with pay will be used, and how fulfillment of the plan is expected to enhance the value of the individual's service to the University. Evaluation of the professional leave with pay request takes these factors into consideration as well as the applicant's ability to fulfill the plan that is described.

The Application for Professional Leave form is prepared by the applicant and the immediate supervisor and/or administrator, and then transmitted to the department head and the appropriate Dean or Vice President for approval. The completed form is sent to the HR Operations Office serving the employees unit for final review and approval. The leave will subsequently be requested and approved in Workday.

### Instructions for Completing the Form Electronically

The Application for Professional Leave with Pay form uses pre-defined form fields and is designed to be completed from within Acrobat Reader DC.

The applicant completes the identification and professional leave plan sections. The supervisor or administrator completes the leave support and supervisor approval section.

To prepare the form electronically follow these steps:

For the Applicant:

1. Save the downloaded form to a location where you can find it.
2. If the cursor is not already in the first form field (applicant first name) place it there and enter the first name.
3. After entering the first name, use the tab key to move to the next form field.
4. Upon completion of each field, use the tab key to move to the next form field until the last form field in the leave plan section is completed.
5. Save the form to a directory where your supervisor or administrator can access it, or transmit the saved form by email attachment so that the leave support and supervisor approval section can be completed

For the Supervisor/Administrator:

1. Open the file that the applicant has saved/transmitted to you and complete the leave support and supervisor approval section, using the tab key to move from field to field.
2. Print the completed form and obtain the applicant's signature then sign the form indicating your endorsement.
3. Transmit the form to the department head for review
4. If approved, the department head transmits the form to the dean or vice president for review.
5. If approved, the dean/vice president transmits the completed form to the HR operations office serving the employing unit.

Please report any technical problems accessing or completing this form to [hradmin@u.washington.edu](mailto:hradmin@u.washington.edu)

**Identification**

Applicant Name		Job Title		Employee ID Number - -
Home Department Name	Box Number	Phone	Email @	

**Professional Leave Plan**

Briefly describe specific purpose of the proposed leave and how it will enhance your future contributions to the University. Use attachments if additional space is needed:

Duration of Requested Leave From: / / To: / /	Location where leave will be spent (Include address, if available): Leave Location
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Financial support from outside (Indicate amount and source of support): \$ /month Source:	Financial support expected/requested from the UW: \$ /month
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Upon completion of approved professional leave I agree to return to and work for the University of Washington for a period at least equal to the length of the leave. I understand that pursuant to RCW 288.10.650 if I do not comply with this agreement, I am obligated to repay to the UW all remuneration I received from the UW during the period of the leave.

\_\_\_\_\_  
(Applicant Signature) (Date)

**Leave Support and Supervisor Approval**

Position's Job Profile	Salary Grade	Annual Salary \$ /yr	% Time %	Service Period (e.g. 12 mos) <input type="checkbox"/> 12mo; <input type="checkbox"/> 10mo; <input type="checkbox"/> 9mo; <input type="checkbox"/> Other	Position Number
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Cost Center	Cost Center Name
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In the event the leave is granted, what distribution is to be made of applicant's duties and responsibilities?

Will it be necessary to employ a temporary replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what additional departmental expenditures will be required? \$ /mo <input type="checkbox"/> Not Reqd.
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I endorse the applicant's request for professional leave and confirm that it is my expectation that the applicant will return to his/her UW position upon completion of the leave for a period that is at least equivalent to the duration of the professional leave

\_\_\_\_\_  
(Signature of Immediate Supervisor) (Please Print Name) (Date)

Administrative Approval			
Director or Departmental Head:		Dean or Vice President:	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	_____	_____
(Signature)	(Date)	(Signature)	(Date)
Human Resources :		Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	_____	_____
(Signature)	(Date)	(Signature)	(Date)

**After completion, make and retain copies then transmit the completed form to the HR Operations office that serves the employing unit for final approval review. Human Resources will transmit final copies to the department and requesting employee.**

### HR Operations Offices

<p><b>Campus HR Operations</b>                  Roosevelt Commons West                  Box 354963                  4300 Roosevelt Way NE                  Seattle, WA 98195-4963                  Phone: 206-543-2354 Fax:                  206-685-0636</p>	<p><b>UW Medical Center</b>                  UWMC BB150                  Box 356054                  1959 NE Pacific St                  Seattle, WA 98195-6054                  Phone: 206-598-6116                  Fax: 206-598-4610</p>	<p><b>Harborview Medical Center</b>                  Pat Steel Building                  Box 359715                  325 Ninth Ave                  Seattle, WA 98195-9715                  Phone: 206-744-9220 Fax:                  206-744-9955</p>
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