

## **PART 1: To be completed by employee**

**Instructions:** Review the [Faculty unpaid leave of absence](#) webpage, complete all of Part 1 and submit to your unit to complete Part 2.

Employee Name      Employee ID (EID)      Academic Title (e.g., Assistant Professor WoT)

School/College/Campus      Academic Unit (if applicable)      UW-Sponsored Visa Status

Roster Percent (regular FTE)	Percentage on Leave	Percentage Active	Leave Start Date	Leave End Date
%	%	%		

This leave will take place during my mandatory review year      Yes      No      N/A

This leave is related to Outside Work and I've received an approved Form 1460 from the Office of Research Yes N/A

For partial leave requests, describe how/what regular duties will be reduced while on leave:

**Attestation:** By signing below, I attest I am voluntarily requesting a leave without pay as described above for personal (non-medical) reasons. I understand that if my request is approved, my compensation and regular responsibilities will be reduced commensurate with the percentage of approved leave.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

## PART 2: Unit Approval

**Instructions:** Review Faculty unpaid leave of absence webpage and follow processing steps outlined here.

I have confirmed the impact to the individual's mandatory review date Yes N/A

By signing below, I confirm my approval for this leave request and the commensurate reduction in responsibilities as described above.

Chair/director/campus dean/dean signature Date