

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/professionalstaff-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 & Services Office serving the employees unit for final review and approval. Once approved, HR will send the form back to the supervisor and employee. The employee will then request leave in Workday. A copy of the fully executed application is placed in the employee's official personnel file.

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 last name) place it there and enter the last name.
3. After entering the last 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 not approved, the department head will notify the applicant and the applicant's supervisor.
6. If approved, the Dean or Vice President transmits the completed form to the HR Operations & Services office serving the employing unit for final approval.
7. The Dean or Vice President will notify the applicant and supervisor if the leave request is not approved.

Please report any technical problems accessing or completing this form to the Human Resources Consultant supporting the department.

Identification

Applicant Name Last, First		Job Title Job Title		Employee ID Number - -
Home Department Name Home Department	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: MM/DD/YY To: MM/DD/YY	Location where leave will be spent (Include address, if available): Leave Location
Financial support from outside (Indicate amount and source of support): \$0000.00/month Source: Source	Financial support expected/requested from the UW: \$0000.00/month

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 28B.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. I acknowledge that under the Professional Staff program, Professional staff employees serve solely at the will of the employing official and that nothing in this document or any future oral communications is intended to change the terms and conditions of my employment. Additionally, nothing in this document is to be construed as a contract or guarantee of continued employment.

(Applicant Signature) (Date)

Leave Support and Supervisor Approval

Position's Occupation Code	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
Budget Number		Budget Name		Budget Class	

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 Req'd.
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I endorse the applicant's request for professional leave.

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

Administrative Approval

Director or Departmental Head: Approved: Yes No

Print Name

(Signature)

(Date)

Dean or Vice President: Approved: Yes No

Print Name

(Signature)

(Date)

Human Resources : Approved: Yes No

Print Name

(Signature)

(Date)

After completion, make and retain a copy then transmit the completed form to the HR Operations & Services office that serves the employing unit for final approval review. Human Resources will transmit copy of approved application to the department and requesting employee.

HR Operations Offices

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