UNIVERSITY OF MINNESOTA

Route this form to:	U Wide Form UM 1651
See Routing Instructions Below	Rev: 07/03/2024

Request for Unpaid Discretionary Leave for Faculty and P&A Employees

1. *Complete Unpaid Discretionary Leave request form when leave is for a period longer than two weeks and submit to responsible administrator/supervisor to facilitate request and approvals needed.*
2. *If request is approved, provide signed copy to **all** listed parties:*
   ***Supervisor, Unit Head, Provost's Office, and Leave Administration team** (leaveadmin@umn.edu)*
3. *Approved leave information must be entered into HRMS prior to the start of the unpaid personal leave.*

For more information, refer to the Administrative Policy: *Unpaid Personal Leave for Faculty and Academic Professional and Administrative Employees*.

Individual Requesting Leave

Name		Empl ID
Title		Check here if Tenure Track Faculty Member
Department Name	Job Code	College/Administrative Unit
Annual Full-Time Base Salary		Appointment Term

Unpaid Leave Request

A. Requested Time Period of Personal Leave (limited up to a 12 month duration):

☐ Initial Request.
☐ Request to extend leave within the 12 month period.
☐ Request to extend leave beyond initial 12 month leave for up to 24 months

Dates of leave:

Start Date	End Date

B. Percentage Leave Requested:

☐Full-Time ☐Part-Time --- Percentage On Leave:

C. Reason for Leave:

For Faculty Leave - (provide details in a separate letter attached to this form. Address nature of activities during leave and reason for requesting an unpaid leave)

Requested in accordance with the Administrative Policy: *Unpaid Personal Leave for Faculty and Academic Professional and Administrative Employees.*

Signature of Employee	Date
Campus Address	Phone Number

Approved – Supervisor	Date
Approved – Unit Head	Date
Approved – Dean, Vice President or Chancellor (when appropriate)	Date
Approved - Provost Signature (Only if Tenure Track Faculty)	Date

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