

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