

<b>Route this form to:</b> See Routing Instructions Below	<b>U Wide Form</b> UM 1651  Rev: 8/28/2008
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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:  
 Responsible Administrator/Supervisor       Department
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		Job Code (95xx not eligible)	
Department ID	Entity	College/Administrative Unit	
Annual Full-Time Base Salary	Appointment Type	Appointment Term	

**Unpaid Leave Request**

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

- Initial Request.
- Request to extend leave within the permitted 12 month period.
- Request to extend leave beyond initial 12 month leave.

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:**  
(Optional)

**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 – Responsible Administrator/Supervisor	Date
Approved – Department Head	Date
Approved – Dean, Vice President or Chancellor (when appropriate)	Date
Additional Signature (as may be required by department/unit procedures)	Date