

UNIVERSITY OF SOUTH FLORIDA – SARASOTA-MANATEE (USFSM)

REQUEST FOR LEAVE OF ABSENCE - FACULTY

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FISCAL YEAR \_\_\_\_\_

**IMPORTANT:** Requests for a leave or extension of leave of one semester or more must be processed not later than 30 days from receipt of the request.

**PART I (To be completed by the applicant):**

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Name \_\_\_\_\_ Employee I.D. No. \_\_\_\_\_

College/School \_\_\_\_\_ Department/Unit \_\_\_\_\_

College/School Account No. \_\_\_\_\_ Initial Date of Employment: \_\_\_\_\_

Current Rank \_\_\_\_\_ Effective Date of Rank \_\_\_\_\_

Current Salary: 9 mo. \_\_\_\_\_ 12 mo. \_\_\_\_\_

FTE: \_\_\_\_\_ Mail Point: \_\_\_\_\_

Check Status:  Tenured (Tenure Date: \_\_\_\_\_)

Untenured & Tenure-earning

Non-tenure-earning

**Dates of Requested Leave: From \_\_\_\_\_ through \_\_\_\_\_**

Current Leave Balance: Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_

Leave Type:  With pay (\_\_\_\_\_ hours AL; \_\_\_\_\_ hours SL)

Without pay

Intermittent Leave (\_\_\_\_\_ hours AL; \_\_\_\_\_ hours SL per pay period)

Reduced Work Assignment (Explain: \_\_\_\_\_)

FTE: \_\_\_\_\_

List chronologically previous leaves from USF (with pay or without pay) and purpose:

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Purpose of requested leave      Personal    Medical    Professional/Academic

Explain: \_\_\_\_\_

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Leaves of absence requested and granted for professional/academic reasons are considered equivalent to assigned duties. It is the responsibility of the applicant, by agreement with the college/school dean, to provide data for evaluation of performance consistent with the purpose of the leave.

Does this absence qualify as a serious health condition under the Family and Medical Leave Act (FMLA)? If you are not sure of the answer, check the Human Resources Attendance & Leave Procedure, Exhibits and Forms area for FMLA general information: [http://usfweb.usf.edu/proced/hr/a&l/For\\_Exh/FMLAGenInfo.htm](http://usfweb.usf.edu/proced/hr/a&l/For_Exh/FMLAGenInfo.htm).

Yes      No

If “yes,” please complete and attach the FMLA certification form, Certification of Health Care Provider and Serious Health Condition Definitions. This form is available in the Human Resources Attendance & Leave Procedure, Exhibits and Forms area: [http://usfweb.usf.edu/proced/hr/a&l/For\\_Exh/FMLAcert.doc](http://usfweb.usf.edu/proced/hr/a&l/For_Exh/FMLAcert.doc).

If the basis of this leave qualifies as a serious health condition under the FMLA, the University intends to track this absence as a part of your FMLA entitlement.

SIGNATURE OF APPLICANT \_\_\_\_\_

Forwarding Address:

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**PART III (To be completed by college/school dean):**

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Please provide, or attach, the basis of the approval/denial of this leave:

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**PART IV (Signatures):**

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▪ **College/School Dean:** \_\_\_\_\_

\_\_\_ Approve    \_\_\_ Disapprove    Date \_\_\_\_\_

<p><b>IMPORTANT:</b> It is the responsibility of the chair/director to notify the employee within two business days of receipt of the request by the University that the leave time will be counted as part of the employee's Family &amp; Medical Leave Act (FMLA) entitlement.</p>
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▪ **Regional Vice Chancellor:**

\_\_\_\_\_

\_\_\_ Approve    \_\_\_ Disapprove    Date \_\_\_\_\_

▪ **Regional Chancellor:** \_\_\_\_\_

\_\_\_ Approve    \_\_\_ Disapprove    Date \_\_\_\_\_