**Faculty Request for a Leave of Absence**

*with or without pay*

*This form may be completed electronically by entering data into each of the shaded fields. Once completed, the form should be printed, signed and dated, and forwarded it to the first person listed in the routing sequence (page 2).*

|  |  |
| --- | --- |
| Name of requestor (last, first): | Last, First |
| Current academic title/rank: |  |
| Department or Program: |  |
| College or School: |  |
| Year first employed at UTA: |  |

|  |  |  |
| --- | --- | --- |
| Type of leave being requested:(indicate only one with an “X”) |  | Leave without pay (“LWOP**”**) |
|  | Leave with pay / supported by the institutional budget (“release time”) |

***NOTE: Be sure to consult with the Office of Human Resources to determine what impact taking a leave of absence (with or without pay) may have on your employee benefits.***

|  |  |  |  |
| --- | --- | --- | --- |
| Start date of the leave: |  | End date of the leave: |  |
| Date of return to UT Arlington: |  | Percent time requestedto be on leave: |  |
| While on leave, what will be your: | If you will be away completely during the leave, enter 100%. If you plan to continue working part time at UTA (e.g. 25%), enter the fraction of time that you will be **away** (e.g., 75%) |
| Physical address? |  |
| Telephone number? |  |

*For each item below, provide a direct, concise response in the box provided. (If you require more space, the box will automatically expand.)*

|  |  |
| --- | --- |
| 1. | Why are you requesting a leave? Describe the activities in which you will be engaged while on leave and where you will be conducting them. If the leave includes work on a specific project, provide a title. |
|  | I am requesting a leave of absence to… |
| 2. | How will you fund the activities described in item (1)? Please indicate all funding sources, the percent time of your work funded by each source, and whether or not the funding has been secured / approved.  |
|  |  |
| 3. | In what way(s) will the requested leave serve your professional interests and development? |
|  |  |
| 4. | In what way(s) will the requested leave serve the best interests of UT Arlington? |
|  |  |
| 5. | What arrangements have been made to staff classes that you are/were scheduled to teach during your requested leave? Who approved these arrangements? |
|  |  |
| 6. | What arrangements have been made for the supervision of students who are currently conducting research under your auspices (e.g., thesis, dissertation, independent study, funding research) and who will continue to do so during the time that you are one leave? Be specific, providing the name of each such student and the specific individual(s) who will supervise each. Who approved these arrangements? |
|  |  |
| 7. | Have you previously been granted a leave as a member of the UT Arlington faculty? If so, list the dates and purposes of all other previous leaves; indicate whether each was a “leave without pay,” a “leave with pay,” or a “Faculty Development Leave.” If you have no previous leaves to report, enter “none.” |
|  |  |

*Print the completed form, sign and date it, and forward it accordingly.*

“By signing below, I, the requestor, acknowledge that submitting this document does not guarantee that a leave of absence will be granted. In addition, I am aware of the impact that taking a leave may have on my employee benefits.”

Requestor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Routing sequence:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewer** | **Signature** | **Recommendation**(circle one) | **Date** |
| Department Chair orProgram Director |  | approve deny |  |
| *comments:* |
| Dean |  | approve deny |  |
| *comments:* |
|  |
| Provost |  | approve deny |  |
| *comments:* |
|  |  | **Final Disposition** | **Date** |
| President |  | approved denied |  |
| *comments:* |

For policies regarding leaves of absence, see the UT Arlington *Handbook of Operating Procedures*, Subsection 6-1100. Note that pursuant to the *HOP*, the *only* individual authorized to grant a leave of absence from the University is the President of the institution.

You may be entitled to know what information The University of Texas at Arlington (UT Arlington) collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code