

Application for Leave of Absence without Pay

Leave policies for academic and other non-classified personnel are authorized by University of Arkansas Board of Trustees policy 420.1 and by state and federal law.

A faculty or non-classified staff member must initiate an application for Leave of Absence without Pay by completing the form provided for this purpose (attached) except as otherwise provided by the Family and Medical Leave Act of 1993 (FMLA) [See the Faculty Handbook, section III, for further information on FMLA provisions]. The application must be submitted sufficiently in advance of the starting date for the proposed leave for required review and approvals to take place. The completed form must be submitted first to the department chairperson or director for review. If the application is not approved, the decision may be appealed by the employee to the dean. Following approval by the department chairperson and/or dean, the application must be forwarded for review to the provost. Applications approved by the provost will be forwarded to the chancellor for review and if approved will be transmitted to the president for review. The president's action to grant or deny the leave will be final. Applications will be returned to the campus for distribution and implementation.

See attached Application for Leave of Absence without Pay

8/20/01

Application for Leave of Absence without Pay

TO: Department Chairperson

FROM: Name: _____
Rank or Title: _____
Department: _____

I hereby apply for a leave of absence from the University as follows:

Beginning Date: _____ Terminating Date: _____

Specify if leave is to be taken consistent with the provisions of the Family and Medical Leave Act (FMLA) and for what purpose. If not, state the other reason or purposes for which the leave is requested and identify institution(s) to be attended, degree(s) to be sought, if any, or provide other details.

If leave is granted me, I agree, unless released from this agreement by the University or as otherwise provided by FMLA, to return at the end of my leave and serve the University for at least one year with the understanding that I am eligible while away to participate in any salary increases which normally would accrue to me as a result of increases made by the University for resident staff.

Signature: _____ Date: _____

Approved:

_____	Date	_____	Date
Department Head		Dean or Director	
_____	Date	_____	Date
Provost		Chancellor	
		_____	Date
		President	

8/13/07