UNIVERSITY OF PUGET SOUND

FACULTY LEAVE REQUEST FORM

Name:	Date of initial appointment:
Department, School, Program:	Date of this request:
 I am a tenured/tenure-track faculty member I am an ongoing Instructor (undergraduate) or clinical faculty member (graduate) I am a full-time visiting faculty member I am an adjunct faculty member I am an affiliate faculty member (School of Music) 	
Effective dates for leave:	
Beginning Date:	End Date:
Type of leave requested:	
Personal medical leave	
Family medical leave:	
Care for spouse/domestic partner	Care for grandparent
Care for child	Military – Qualifying exigency
Care for parent/parent-in-law	Military – Care for covered servicemember
Up to six weeks paid leave1 unit paid	course release Unpaid leave

Parental leave	
Complete one of the following:	
Anticipated birth date of the newborn: Anticipated arrival date of the newly adopted child	
Anticipated arrival date of the child for whom I will be guardian	
Up to eighteen weeks unpaid leave Unpaid course release(s)	

____ Extended personal medical leave (up to six months)

____ Long-term disability leave (six months or more)

Please consult with the Human Resources Benefits Manager regarding these choices.

To be completed by the faculty member:
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with benefits

____ I have consulted with my department, school, or program head officer about the leave request.

I understand that I may be required to provide to the Benefits Manager written verification from a health care provider of the need for personal medical or family medical leave. I also realize that if I am requesting leave for my own serious health condition, I will be required to provide a written release from a health care provider specifying that returning to work will not exacerbate my medical condition and specifying limitations or requested accommodations, if any.

I understand that, if I am eligible for a leave of six weeks (one unit) or more, I may automatically receive a release from advising and service during the semester(s) in which leave is available, even if leave from teaching is not taken.

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I wish to be released from advising.	I do not wish to be released from advising.	
I wish to be released from service.	I do not wish to be released from service.	
I understand that, if I am eligible for a leave of six weeks (one unit) or more, I may automatically receive a one-year delay in my evaluation schedule. ¹		
I wish to delay my evaluation by one year.	I do not wish an evaluation delay.	
Signed:	Date:	
To be completed by the Academic Vice President:		
I recommend that this leave request be:	Approved	
	Approved conditionally, as specified below Denied	
Comments or conditions of approval:		
Signature of the Academic Vice President:	Date:	
To be completed by Human Resources:		
Leave approved by:	Date:	
with pay without pa	ау	

without benefits

¹ At a later date, but no later than one semester before the academic year in which the file would ordinarily be due, you may modify the choice of evaluation delay by notifying in writing your Head Officer and the Academic Vice President.