**FACULTY LEAVE OF ABSENCE REQUEST FORM**

**Current Date:**

**FROM:**

Faculty Member's Name

**Faculty Title**

**Department:**

**Department Chair**

***Begin Date:***

***End Date:***

The following type of leave is requested (please mark **"X"** in appropriate box(s))

**You must select the type of leave and select with or without tenure clock extension (if applicable)**

***TENURE TRACK***

**Parental Leave RR (Regular Rank)**

with tenure clock extension

without tenure clock extension not applicable

**Parental Leave NRR (Non Regular Rank)**

**Temporary Medical Leave**

(Doctor's statement required - please attach)

with tenure clock extension without tenure clock extension not applicable

**Other Leave of Absence**

(attach faculty letter to Chair describing circumstances of leave)

**Unpaid Leave of Absence**

(attach faculty letter to Chair describing circumstances of leave)

**Family Medical Leave**

(Doctor's statement required - please attach)

**Disability Leave**

(Doctor's statement required - please attach)

**Sabbatical Leave**

(attach faculty request letter to Chair with leave details)

**Research Leave**

(attach faculty request letter to Chair with leave details)

**Military Leave**

(attach faculty request letter to Chair with leave details)

***CONCURRENCE BY CHAIR OF DEPARTMENT:***

Chair's Signature

Faculty Member's Signature