Form HR36609 – Faculty Leave of Absence Request

University of Michigan

# Part 1: Personal Information (LOA)

Faculty member to return completed form to department chair.

Last Name:

First Name:

Middle Name:

UMID:

Department:

Department ID:

Title of Position:

Date of Request:

# Part 2: Leave Information

Faculty member: Indicate the type of leave, supply the required information in writing, and provide attachments as indicated. Reference [Standard Practice Guide 201.30-1, Leaves of Absence](https://spg.umich.edu/policy/201.30-1).

Note: Faculty represented by a Union should refer to the collective bargaining agreement that governs the terms and conditions of their employment for information regarding leaves of absence.

## Part 2a: Leaves Applicable to Faculty

Part 4 must be completed and attached.

[ ] Leave Type: Duty Off-Campus. Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to [SPG 201.90](https://spg.umich.edu/policy/201.90) and Faculty Handbook 16.B.4.)

For SSC use only: PMOD CA (Full), CB (Partial)

[ ] Leave Type: Intergovernment Personnel Assignment. Attach OF69 Assignment Agreement. Such assignments will be for a specified, limited duration. Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to [SPG 201.30-5](https://spg.umich.edu/policy/201.30-5) and Faculty Handbook 16.B.3)

For SSC use only: PMOD DJ

[ ] Leave Type: LEO Scholarly Leave (unpaid). Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to [LEO Contract](https://hr.umich.edu/sites/default/files/um-leo-agreement-2021-2024-final.pdf) Article XXXI, Section C, #2)

For SSC use only: PMOD DZ

[ ] Leave Type: Outside US Assignment. Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to [SPG 201.30-1](https://spg.umich.edu/policy/201.30-1) and [Regents Bylaws, Section 5.13](https://regents.umich.edu/governance/bylaws/chapter-v-the-faculties-and-academic-staff/))

For SSC use only: PMOD IZ

[ ] Leave Type: Phased Furlough Agreement. Indicate specific plans and effective date of combined retirement furlough and phased retirement plans, only if hired prior to 01/01/1984. **Retirement Agreement required, but no PAR transaction.** (Refer to [SPG 201.81](https://spg.umich.edu/policy/201.81) and [SPG 201.83](https://spg.umich.edu/policy/201.83))

For SSC use only: PMOD BD

[ ] Leave Type: Research Leave (unpaid). Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to [SPG 201.30-1](https://spg.umich.edu/policy/201.30-1))

For SSC use only: PMOD AK

[ ] Leave Type: Retirement Furlough. Indicate specific plans and effective date of complete retirement, only if hired prior to 01/01/1984, **Retirement Agreement required, but no PAR transaction.** (Refer to [SPG 201.81](https://spg.umich.edu/policy/201.81) and [SPG 201.83](https://spg.umich.edu/policy/201.83))

For SSC use only: PMOD BB

[ ] Leave Type: Scholarly Activity Leave. Indicate the location and duties to be performed in Section 4b and 4c. (Refer to [SPG 201.30-4](https://spg.umich.edu/policy/201.30-4) and Faculty Handbook 16.B.2)

For SSC use only: PMOD DI

[ ] Leave Type: Teaching Leave (unpaid). Indicate the location and duties to be performed in sections 4b and 4c. (Refer to [SPG 201.30-1](https://spg.umich.edu/policy/201.30-1))

For SSC use only: PMOD AJ

## Part 3: Leave Acknowledgement and Approval

Returning to work before the leave expiration date is at the discretion of the University. Benefit plans not continued during the leave (self and dependents, if applicable) will be reinstated upon return from leave into a benefit eligible appointment. Deductions for reinstated benefits will resume.

### Faculty Member

Faculty Member Signature:

Faculty Member Printed/Typed Name:

Faculty Member Date:

### Department Head

Department Head Approved:

Department Head Telephone:

Department Head Date:

Department Head Uniqname:

### Dean/Director or Representative

Dean/Director or Representative Approved:

Dean/Director or Representative Telephone:

Dean/Director or Representative Date:

Dean/Director or Representative Uniqname:

# Part 4: Leave Information

To be completed by faculty member: Please submit this form to the chair(s)/director(s) of all the units in which you hold budgeted appointments for approval.

Note: For University Year appointments on a leave at any effort less than 100%, Fall Term Leaves will run from the beginning of the Academic Year (8/31 to 12/31 for Ann Arbor and Dearborn; 9/1 to 12/31 for Flint). Winter Term Leaves will run until the end of the Academic Year (1/1 to 5/31). Salary and Benefits will also be altered beginning in July for Fall and ending in June for Winter.

Leave Begin Date:

Leave End Date:

## Part 4a: Select one of the following leaves and check relevant boxes

Information required in Part 4b, 4c, and/or 4d

[ ] Duty Off-Campus Leave (DOC) for One Term (100% Salary Support)

[ ] Duty Off-Campus Leave (DOC) for Two Terms (50% Salary Support)

[ ] Duty Off-Campus Leave (DOC) for Other

[ ] Leave Without Salary (LWOS). Please explain reason for LWOS in Part 4d below.

## Part 4b: Location during leave

Information required for Regents’ reporting purposes

Organization:

City:

State/Country:

## Part 4c: Briefly describe research plans while on leave

Information required for Regents’ reporting purposes

Plan description:

## Part 4d: Briefly explain reason for Leave Without Salary

Information required for Regents’ reporting purposes

Reason description:

Form HR36609 Revised 05/2020

Available at: hr.umich.edu/human-resources-administrative-forms

# Descriptions for Faculty Leave of Absence Request

## Duty Off-Campus Full

Duties require activities at a site away from one of the three campus locations for a period of one month or more. Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to [SPG 201.90](https://spg.umich.edu/policy/201.90) and Faculty Handbook 16.B.4)

## Duty Off-Campus Partial

Duties require activities at a site away from one of the three campus locations for a period of one month or more. Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to [SPG 201.90](https://spg.umich.edu/policy/201.90) and Faculty Handbook 16.B.4)

## Intergovernmental Personnel Assignment

Attach OF69 Assignment Agreement. Enter into agreements with agencies of the Federal Government which allow for the temporary assignment of University faculty or staff members to roles in those agencies or for similar assignment of Federal employees to roles within the University. Intergovernmental Personnel Agreements are intended to enhance cooperation between the University and Federal agencies, to take advantage of unusual expertise, skills, or talents, and to provide valuable professional development opportunities for the staff members involved. Such assignments will be for a specified, limited duration. Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to [SPG 201.30-5](https://spg.umich.edu/policy/201.30-5) and Faculty Handbook 16.B.3)

## LEO Scholarly Leave (unpaid)

Refer to [LEO Contract](file:///C%3A%5CUsers%5Clorieann%5CDownloads%5CLEO%20Contract) Article XXXI, Section C, #2.

## Outside US Assignment

The person is elected to a full-time public political office (except that of Michigan state legislator), or appointed to an office of significant responsibility such as head of or assistant to the head of an office, department, or branch or the federal, state, or local government, or to a position of significant responsibility in a non-profit organization dedicated to public service. Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to [SPG 201.30-1](file:///C%3A%5CUsers%5CJberl%5CDesktop%5CSPG%20201.30-1)and [Regents Bylaws, Section 5.13](https://regents.umich.edu/governance/bylaws/chapter-v-the-faculties-and-academic-staff/))

## Phased Furlough Agreement

Indicate specific plans and effective date of combined retirement furlough and phased retirement plans, only if hired prior to 01/01/1984. Retirement Agreement required, but no PAR transaction. (Refer to Refer to [SPG 201.81](https://spg.umich.edu/policy/201.81), [SPG 201.83](https://spg.umich.edu/policy/201.83))

## Research Leave (unpaid)

The person is invited to participate in a unique research project. Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to [SPG 201.30-1](file:///C%3A%5CUsers%5Clorieann%5CDownloads%5CSPG%20201.30-1))

## Retirement Furlough

Indicate specific plans and effective date of complete retirement, only if hired prior to 01/01/1984. Retirement Agreement required, but no PAR transaction. (Refer to [SPG 201.81](https://spg.umich.edu/policy/201.81) and [SPG 201.83](https://spg.umich.edu/policy/201.83))

## Scholarly Activity Leave

Accept a temporary appointment at another institution when the appointment would, in the interest of the University, permit the faculty member to engage in scholarly activities that would not be otherwise practicably available, and that would significantly enhance the professional effectiveness of the faculty member. Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to [SPG 201.30-4](https://spg.umich.edu/policy/201.30-4) and Faculty Handbook 16.B.2)

## Teaching Leave (unpaid)

The person is invited to teach as a visiting faculty member in another teaching institution. Indicate the location and duties to be performed in Sections 4b and 4c. (Refer to [SPG 201.30-1](https://spg.umich.edu/policy/201.30-1))

# Instructions for Faculty Leave of Absence Request

This form is used for: Faculty leave of absence (Part 2a).

This form needs to be prepared when: Faculty member requests a leave of absence.

Please include the following information:

## Part 1: Personal Information (Leave of Absence)

* Employee name.
* UMID.
* Department information.
* Title.
* Date of request.

## Part 2: Faculty Member (Reference Standard Practice Guide 201.30-1, Leaves of Absence)

* Completed by faculty member.
* Complete Part 2a.

### Part 2a: Leaves Applicable To Faculty

Provide required attachments (if any) for the type of leave you have chosen.

## Part 3: Leave Acknowledgement And Approval

* Approved Faculty Signature and Name Printed.
* Approved faculty member’s department administrator and Dean/Director or Representative.

## Part 4: Leave Information

Provide Leave Begin Date and Leave End Date for leave(s) in Section 2a.

### Part 4a:

Select DOC or LWOS.

### Part 4b:

Provide location during Leave.

### Part 4c:

Describe Research Leave plans.

### Part 4d:

•Describe Reason for LWOS plans.