

INDIANA UNIVERSITY PURDUE UNIVERSITY INDIANAPOLIS

REQUEST FOR LEAVE OF ABSENCE

Other Than Family and Medical Leave of Absence

THIS SECTION TO BE COMPLETED BY EMPLOYEE:(See instructions on reverse side before completing.)

Employee Name: _____ Department: _____

Supervisor: _____ Request for _____ Partial (reduced FTE) _____ Full Leave

Reason for the Leave: _____

Expected Length of Leave: _____

(Start Date)

(End Date)

(Minimum 30 calendar days; Maximum 12 months)

Employee's Signature

Date

THIS SECTION TO BE COMPLETED BY DEPARTMENT HEAD:

For Approval of a Partial Leave of Absence:

Your partial leave of absence has been approved from _____ to _____. During this period, your FTE has been reduced to _____%. You will accumulate _____ hours of prorated income protection time and _____ hours of vacation/PTO time per pay period while you are on leave.

Regular Leave of Absence Approved Under the Following Conditions:

The employee's position will be held open or will be made available upon return from LOA.

A position with the same pay classification and like job duties (including same shift) will be made available within the department upon return from LOA.

A position with the same pay classification will be made available within the department.

A position will be made available within the department.

The employee will be given an opportunity to accept the first position with the same pay classification which becomes available within the department. If a position is not available when this LOA expires, the LOA will be extended to _____ (maximum one year total LOA time) or until a position becomes available within the department, whichever is sooner.

The employee will be given an opportunity to accept the first position which becomes available within the department. If a position is not available when this LOA expires, the LOA will be extended to _____ (maximum one year total LOA time) or until a position becomes available within the department, whichever is sooner.

Approved for a period of _____ to _____

Leave of Absence Denied:

Would recommend for rehire. Will refer to Human Resources Administration with a letter of recommendation for referral.

Your request cannot be approved for the following reason(s):

Department Head Signature

Date

INSTRUCTIONS TO THE EMPLOYEE REQUESTING THE LEAVE

A Leave of Absence (LOA) is an absence **without pay** for a specific period of time for a minimum of 30 calendar days to a maximum of 12 months*. An LOA implies that you intend to return to work at the end of that period of time.

To Request a Leave of Absence

Complete the employee section of the Request for Leave of Absence Form and submit it to your department head. Approval of the LOA will depend upon the following factors:

- The purpose of the leave of absence
- The length of the leave of absence
- Your length of service
- Your expected or potential length of service after returning from leave of absence
- The difficulty in obtaining a temporary replacement, if necessary

Employee Responsibility

Because you are requesting a change in your employment status (from active to leave), you will need to request the LOA and insure that it is approved before leaving your position. When you are ready to return to work or the LOA expires, you are responsible for contacting your department head to discuss your employment status. If your LOA expires and you do not return to work or contact your department head, you may be subject to termination.

Department Head Responsibility

After receiving the Request for the Leave of Absence, the department head will consider the above factors in approving/denying the request. You will be provided a copy of the approved request outlining the status of your position, while you are on LOA or the copy of the denied request explaining the reason(s) for the denial. If your LOA is approved, the department head will process the LOA by initiating a Leave of Absence e-Doc.

To Continue Health and Life Insurance Coverage

If your LOA is approved, you will need to contact the Benefits section of Human Resources Administration (274-4596) to make arrangements for continued health and life insurance coverage. Since an LOA is without pay, you will need to make arrangements to pay the employee portion of the health insurance premium (the amount that is usually deducted from your paycheck). Life insurance is provided free of charge for the entire length of a medical LOA and for three months for an LOA for other reasons.

Paid time off benefits (vacation, income protection, and holidays) are not earned during a LOA but may be earned on a prorated basis if it is a partial LOA.

This information is intended only to be a summary of the university's Leave of Absence policy. Please consult the university's Human Resources Policy Manual for a full explanation of this policy, including partial LOA, military LOA, or Worker's Compensation LOA. You can read the policy online at:
<http://www.indiana.edu/~uhrs/policies/appointed/discretionary.html>.

* Approval by the Chancellor of IUPUI is required for an LOA which is longer than one year or for any extension to an LOA which causes the total absence to be longer than one year.