

FY \_\_\_\_\_

UNIVERSITY OF SOUTH FLORIDA  
REQUEST FOR LEAVE OF ABSENCE - FACULTY

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**IMPORTANT:** Requests for a leave or extension of leave of one semester or more must be processed not later than 30 days from receipt of the request.

**PART I** (To be completed by the applicant):

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Name \_\_\_\_\_ Employee I.D. No. \_\_\_\_\_

College/Division \_\_\_\_\_ Department/Unit \_\_\_\_\_

Department/Unit Account No. \_\_\_\_\_ Initial Date of Employment: \_\_\_\_\_

Current Rank \_\_\_\_\_ Effective Date of Rank \_\_\_\_\_

Current Salary: 9 mo. \_\_\_\_\_ 12 mo. \_\_\_\_\_

FTE: \_\_\_\_\_

Check Status:  Tenured (Tenure Date: \_\_\_\_\_)

Untenured & Tenure-earning

Non-tenure-earning

**Dates of Requested Leave: From \_\_\_\_\_ through \_\_\_\_\_**

Current Leave Balance: Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_

Leave Type:  With pay (\_\_\_\_\_ hours AL; \_\_\_\_\_ hours SL)

Without pay

Intermittent Leave (\_\_\_\_\_ hours AL; \_\_\_\_\_ hours SL per pay period)

Reduced Work Assignment (Explain: \_\_\_\_\_)

FTE: \_\_\_\_\_

List chronologically previous leaves from USF (with pay or without pay) and purpose:

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Purpose of requested leave     \_\_\_ Personal   \_\_\_ Medical   \_\_\_ Professional/Academic

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Leaves of absence requested and granted for professional/academic reasons are considered equivalent to assigned duties. It is the responsibility of the applicant, by agreement with the department/unit chair or director, to provide data for evaluation of performance consistent with the purpose of the leave.

If you believe this absence may qualify as a serious health condition under the Family and Medical Leave Act (FMLA), you will need to complete the Employee Request for Family/Parental/Medical Leave and the Certification of Health Care Provider forms. These forms are available in the Human Resources Attendance and Leave Procedures located at: <http://usfweb2.usf.edu/HR/procedures/a&l/fmla/fmla.htm>. Please complete these forms and return them to Human Resources. Once eligibility has been verified, appropriate medical documentation will be requested to support the FMLA request.

It is the responsibility of Human Resources to notify you if the leave qualifies under the Family and Medical Leave Act within two business days of receipt. Medical information is considered confidential and will only be maintained in a confidential file in Human Resources.

SIGNATURE OF APPLICANT \_\_\_\_\_

Forwarding Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PART III** (To be completed by college/division or campus dean):

Please provide, or attach, the basis of the approval/denial of this leave:

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**PART IV** (Signatures):

- **Department/Unit Chair or Director:** \_\_\_\_\_  
\_\_\_ Approve    \_\_\_ Disapprove    Date \_\_\_\_\_

**IMPORTANT:** It is the responsibility of the chair/director to notify the employee within two business days of receipt of the request by the University that the leave time will be counted as part of the employee's Family & Medical Leave Act (FMLA) entitlement.

- **Dean:** \_\_\_\_\_  
\_\_\_ Approve    \_\_\_ Disapprove    Date \_\_\_\_\_
- **Provost or Vice President for Health Sciences:** \_\_\_\_\_  
\_\_\_ Approve    \_\_\_ Disapprove    Date \_\_\_\_\_