DATE

NAME

ADDRESS

CITY/STATE/ZIP

DEAR (DEPARTMENT CHAIR /SUPERVISOR NAME)

I am hereby requesting permission to take an unpaid leave of absence for LIST SEMESTERS IF NINE-MONTH FACULTY OR BEGINNING AND END DATES IF 12-MONTH FACULTY. I understand that an unpaid leave of absence may not be granted for a period of more than 12-months. I also understand that if I am a 12-month bargaining unit member that I must exhaust my vacation bank prior to beginning the unpaid leave of absence.

The professional or personal reasons why I wish to take this leave are as follows:

I recognize that Article XIII.A.1.e of the Collective Bargaining Agreement between Wayne State University and the AAUP-AFT provides as follows:

*A member of the bargaining unit may exercise his/her option (in writing) for continuance of medical and life insurance coverage at the full group rate cost, and without University subsidy, for the period of the leave, not to exceed a maximum of two years. For those individuals who are eligible for the University long-term disability insurance coverage and who are engaged in full-time study for an advanced degree, or active work in the field of education or research (such as a Fulbright, foundation grant, or governmental project), long-term disability insurance coverage shall be extended for the period of the leave, not to exceed two years.*

I further acknowledge that if I wish to exercise this option, I must submit to Total Compensation and Wellness a written declaration of my intention to pay my medical and/or life insurance at the full group rate cost (without subsidy) for the period of the unpaid leave, and that if I do not make such arrangements with Total Compensation and Wellness my benefits will discontinue.

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Requestor’s Signature Requestor’s Printed Name

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| I recommend the granting of this request for an unpaid leave of absence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DEPARTMENT CHAIR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date | I concur with the granting of this request for an unpaid leave of absence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DEAN, SCHOOL OF MEDICINE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |
| Request for unpaid leave of absence granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Keith E. Whitfield, Provost Date |
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