



# Sick, Bereavement, and Unpaid Leave Form

## Faculty Requesting Leave:

FACULTY NAME \_\_\_\_\_

COURSE \_\_\_\_\_

DATE(S) \_\_\_\_\_  
*(please list individual dates)*

HOURS \_\_\_\_\_

### Please check reason for leave:

Illness      Faculty teaching 50% FTE or greater are eligible for a pro-rata of sick leave hours equal to their departmental full-time teaching load, not to exceed full-time hours.  
Faculty teaching less than 50% are allowed to miss two class sessions due to illness without salary reduction.

Bereavement Leave      All faculty: Paid bereavement leave up to five days may be **approved by the Provost** for faculty who have experienced a death in their immediate family.

Unpaid Personal Leave

FMLA – Family Medical Leave must be pre-approved through Human Resources.

\_\_\_\_\_  
*Faculty Signature*

\_\_\_\_\_  
*Date*

*\*Please refer to page 32 and 33 of the Collective Bargaining Agreement 2007-2011 for more information on faculty leave policies. Paid leave does not apply to the summer session.*

## Faculty Replacement:

NAME \_\_\_\_\_

SSN (last five digits) \_\_\_\_\_

Please circle one:      Core Faculty      Ranked Adjunct Faculty      Adjunct Instructor      Outside Replacement\*

COMMENTS \_\_\_\_\_

\_\_\_\_\_  
*Department Chair Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Provost Signature (for bereavement leave only)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Replacement Faculty Signature*

\_\_\_\_\_  
*Date*

**\*Substitutes who are not in the employee database must contact HR at 726-5082 to schedule a time to complete new hire paperwork and provide proof of eligibility to work in the U.S. prior to working.**