



WESTERN MICHIGAN UNIVERSITY

Human Resources

1300 Seibert Administration Building, Mail Stop 5217
Phone (269) 387-3620 Fax (269) 387-3441

LOA

Leave of Absence Application Faculty (AAUP)

SECTION 1: Employee – Please complete section and forward form and any attachments to your department chair	
Name:	Employee ID#:
Department:	
Date Paid Leave Begins:	Date Paid Leave Ends:
Please refer to your current American Association of University Professors (AAUP) contract, Article 27 for details about leaves of absence information.	
As of 01/01/2018 – Per Article 27.2, “Time off for an FMLA qualifying purpose will be counted as FMLA.” If you are applying for a leave associated with medical for self, DEI or an immediate family member, “FMLA leave runs concurrently with paid leave, including sick, annual, and parental leave”. Contact your HR Representative at 269-387-3620 for a leave consultation and the required FMLA leave paperwork.	
Type of Leave: <input type="checkbox"/> PAID - Check all applicable.	
<input type="checkbox"/> FMLA concurrent with paid leave (check applicable paid leave below). FMLA eligibility is determined by HR.	
<input type="checkbox"/> Sick Leave (attach supporting physician’s statement with an anticipated return to work date)	
<input type="checkbox"/> Annual Leave	
<input type="checkbox"/> Parental Leave	
<input type="checkbox"/> Necessity Leave	
Date Unpaid Leave Begins:	Date Unpaid Leave Ends:
Type of Leave: <input type="checkbox"/> UNPAID – Leave approval contingent upon employee meeting eligibility requirements	
<input type="checkbox"/> FMLA concurrent with unpaid leave (check applicable unpaid leave below). FMLA eligibility is determined by HR.	
<input type="checkbox"/> Military (attach copy of military orders)	
<input type="checkbox"/> Personal-Medical (attach supporting physician’s statement with an anticipated return to work date)	
<input type="checkbox"/> Personal-Non-Medical	
<input type="checkbox"/> Political Office	
<input type="checkbox"/> Professional (Non-Sabbatical)	
Employee Signature:	Date:
SECTION 2: DEPARTMENT and DEAN - If approved, please forward to the Provost’s office for further approval	
Employee is: <input type="checkbox"/> Tenured <input type="checkbox"/> Not tenured	Probation Credit: <input type="checkbox"/> Yes (not to exceed 1 yr) <input type="checkbox"/> No
<input type="checkbox"/> Leave is APPROVED <input type="checkbox"/> Leave is ACKNOWLEDGED (Military) <input type="checkbox"/> Leave is DENIED (return this form to employee)	
CHAIR/DIRECTOR Signature:	Date:
<input type="checkbox"/> Leave is APPROVED <input type="checkbox"/> Leave is ACKNOWLEDGED (Military) <input type="checkbox"/> Leave is DENIED (return this form to employee)	
DEAN Signature:	Date:
SECTION 3: PROVOST – If approved, forward to HUMAN RESOURCES	
Eligible for SALARY Increment upon return: <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit towards PROMOTION eligibility (yrs in rank): <input type="checkbox"/> Yes <input type="checkbox"/> No
Revised Tenure Schedule (if applicable): 2 nd year:	4 th year: Final:
<input type="checkbox"/> Leave is APPROVED <input type="checkbox"/> Leave is ACKNOWLEDGED (Military) <input type="checkbox"/> Leave is DENIED (return this form to employee)	
PROVOST Signature:	Date:
Copy to: <input type="checkbox"/> Chair <input type="checkbox"/> Dean <input type="checkbox"/> Dir Academic Collective Bargaining	
<input type="checkbox"/> AAUP <input type="checkbox"/> Employee	
For Human Resources Use Only	
HR Rep Comments:	
Job (LOA) Entered: <input type="checkbox"/> Health/COBRA: <input type="checkbox"/> Life: <input type="checkbox"/> LTD: <input type="checkbox"/>	Send copy to BUDGET (<i>do not include attachments</i>)