



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)

- Please refer to Article 27 in your current faculty contract to ensure the correct guidelines are followed.
- Do NOT complete this form for FMLA. Faculty member MUST CONTACT HR for required FMLA PAPERWORK and CONSULTATION.

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:
Type of Leave: <input type="checkbox"/> PAID - for Academic Department and Provost Use ONLY <input type="checkbox"/> Necessity Leave <input type="checkbox"/> Sick Leave - attach supporting physician's statement with Return to Work date	
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"/> Military (attach copy of military orders) <input type="checkbox"/> Personal-Medical (attach supporting physician's statement with Return to Work date listed) <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:

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 (do not include attachments)