

**PROBATIONARY AND TENURED FACULTY
LEAVE OF ABSENCE WITHOUT PAY (LWOP) FORM**

Personal Leave of Absence without Pay: CBA Article 22.8 – A personal leave without pay may be for purposes of unpaid sick leave, outside employment, parental, family leave care, or other purposes of a personal nature. Faculty unit employees on a personal leave without pay shall not accrue service credit toward sabbatical eligibility, difference in pay eligibility, or seniority except as provided in provisions 22.22 and 22.23.

Professional Leave of Absence without Pay: CBA Article 22.24-22.25: A professional leave of absence without pay may be for purposes of research, advanced study, professional development, or other purposes of benefit to the campus. Such leaves shall be considered totally voluntary, and for the purpose of workers compensation, the time involved shall not be considered time worked. A faculty unit employee on a leave of absence without pay for professional purposes shall, when otherwise eligible, accrue service credit toward sabbatical and difference in pay eligibility (maximum of one year per sabbatical eligibility period), service salary increase eligibility (maximum of one year per leave of absence without pay and extensions thereof) and seniority.

EXTENSIONS OF PROBATIONARY PERIOD (CBA Article 13.7-13.8)			
	Leave less than one (1) academic year*	One (1) academic year leave**	Two (2) or more academic year leave**
Personal Leave	One (1) year upon approval	One (1) year	Duration of leave
Professional Leave	One (1) year upon approval	One (1) year upon approval	One (1) year

*Request due no later than 30 days prior to the 1st day of the semester you will return.

**Request due no later than the 1st day of leave of absence.

Section A: APPLICANT INFORMATION

Name of Applicant: _____
Last Name
First Name
M.I.

Red ID: _____ Rank or Title: _____

College: _____ Department/School: _____

 (initial here) I have contacted SDSU’s Benefits Services at 619-594-1144 to inquire about how my health benefits may be impacted.

 (initial here) I understand that this document will be placed in my Personnel Action File five (5) days after it is received by the Office of Faculty Advancement.

Section B: LEAVE REQUEST

Leave Type:

Leave Effective:

Please indicate the term, year, and time-base of your leave.

Personal

Fall _____

Full-time (1.0)

Professional

Spring _____

Half-time (0.50)

Academic Year _____ - _____

Other _____

Other _____

Leave Purpose:

(initial here) **For Probationary Faculty:** I am requesting a one year extension of my probationary period/ “stopping the clock.”

(initial here) **For Probationary Faculty:** I am requesting to be excused from undergoing a periodic evaluation during my leave.

(initial here) **For Tenured Faculty:** I am due for a periodic evaluation/post-tenure review in the year of my leave and am requesting a one (1) year postponement.

Applicant’s Signature

Date

Section C: APPROVAL SIGNATURES

Leave Approval:

Yes No*

Department Chair/School Director (print) Signature

Date

Dean of the College (print)

Signature

Date

**If not approved, a written justification must be provided to the Associate Vice President for Faculty Advancement and Student Success.*

Dean’s Office to submit completed form (with signatures) to the Associate Vice President for Faculty Advancement and Student Success.