

ACADEMIC PERSONNEL REQUEST FOR LEAVE OF ABSENCE

TO BE COMPLETED BY THE FACULTY MEMBER OR ACADEMIC PROFESSIONAL

NAME OF INDIVIDUAL		TITLE/RANK		DATE
COLLEGE			UNIT	
DATE OF HIRE	DATES OF OTHER LEAVES OF ABSENCE GRANTED (MM/DD/YYYY - MM/DD/YYYY)			ASU ID
CLASSIFICATION (Please check one): FACULTY See ACD505-02 for titles that fall within this classification.		ACADEMIC PROFESSIONAL See ACD505-03 for titles that fall within this classification.		
Expiration of Probationary Period (<i>for Tenure-Track Faculty only</i>)		Expiration of Probationary Period (<i>for Probationary APs only</i>)		

DESCRIPTION OF LEAVE

Academic Affairs Manual (ACD) policies governing Responsibilities of Faculty During Leaves from Campus: [ACD 701](#), Health-Related Leaves: [ACD 702-02](#), [ACD 702-03](#), Leave of Absence without Pay: [ACD 707](#), and Parental Leave with Pay: [ACD 710](#). Process guide for Leave of Absence can be found at provost.asu.edu/promotion_tenure.

Requested Period (Either Academic Year or Fiscal Year)	Term	Academic Yr (enter dates)	OR	Term	Fiscal Yr (enter dates)
Compensation During Leave	Explain compensation option:				
Count toward Years of Service *					
* By checking this box and upon approval, tenure eligible (probationary) faculty and continuing appointment eligible (probationary) academic professionals will receive an extension of the probationary period (ACD 506-03 , ACD 507-05).					
Reason for request for Leave of Absence: (State clearly and concisely the reason for your request for a leave of absence, benefits to be achieved, writing/publications planned, and other pertinent information. If requesting an extension of the probationary period, include the good cause reason and whether the individual is on a trajectory for a positive outcome. Confidential or sensitive information should not be disclosed here but may be attached as a separate document.)					

I have reviewed and agree to abide by the policies governing Leaves of Absence as set forth in the Academic Affairs Policies and Procedures Manual. **Signature:** _____ **Date:** _____

After signing above, submit form to unit for further processing. Depending upon the type of leave requested, unit will notify applicant if additional forms are required. Below this line OFFICIAL USE ONLY

Approval By (Type Name)	Approve	Deny	Signature	Date
Unit Chair/Director:				
College Dean:				
University Provost (or designee), if applicable:				

NOTES

UNIVERSITY ACTION

Note: No written notification may be given to the individual until the process has been completed and the provost (or designee) approves or denies the request, as applicable, or has been notified.

UNIT: As indicated on the Process Guide for Leave of Absence, please work with Employment Data Management on the next step in the process.