



**Academic Affairs – Faculty Leave of Absence Request Form**

**Section Required for Any Leave Request:**

Name \_\_\_\_\_ Employee ID \_\_\_\_\_ Department \_\_\_\_\_

Name of Department Chair \_\_\_\_\_ Name of Dean \_\_\_\_\_

Type of Leave (please select one; definitions below) → Full Partial Intermittent

*(Full is full-time continuous, uninterrupted time; Partial is reduced workload; Intermittent is sporadic time as need arises)*

Expected Start Date: \_\_\_\_\_ Expected End Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

→ Reason for Leave (Route directly to HR with Supporting Documentation for processing and approval):

**FMLA/Non-FMLA Medical Leave** – Must submit supporting medical documentation and HR leave forms to Benefits. Once approved, faculty will be paid from sick leave accruals in accordance with applicable policies. Consult your Benefits Specialist for further details.

**Military** – 18 paid military days per each 12 month period – October 1<sup>st</sup> through September 30<sup>th</sup>

**To be completed by HR:**

Benefits Specialist Assigned to LOA: \_\_\_\_\_

HR notified Chair/Dean/AAF of need for leave on \_\_\_\_\_

HR notified Chair/Dean/AAF of leave approval on \_\_\_\_\_

.....  
- OR -

→ Reason for Leave (Route through Chair → Dean → AAF → HR for approval):

**Educational – Unpaid**

**Educational – Paid**

**Personal – Unpaid**

Please describe reason for educational or personal leave:

**Chair Approval:**

**Date:**

**Dean Approval (please send to AAF):**

**Date:**

**Faculty Affairs Approval (please send to HR):**

**Date:**

*Note:* Please refer to Employee Benefits Section 4.2.5 in the KSU Faculty Handbook for the current policy on leave of absences as it relates to tenure and/or promotion review clocks.