



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 1st through September 30th

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 _____

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- 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.