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|  | | | **AP 190** Faculty Request for Leave of Absence Without Pay As provided by Article 22 of the Unit 3 MOU | | | |
| **Faculty Name**  (Last, First, Middle Initial): |  | | | | | |
| **Faculty Status:** |  | | | **College:** |  | |
| **Academic Rank:** |  | | | **Department:** |  | |
| **Type of Leave Requested** (initial request or extension) | **Personal Leave Without Pay** (Complete Section **A** )  **Professional Leave Without Pay** (Complete Section **B**) | | | | | |
| **Section A – PERSONAL Leave Without Pay Request** *Select and complete one of the sections (1-3) below:* | | | | | | |
| 1. Initial Application for Leave or  1a.Extension of Approved Leave: | | 2. Change Approved Leave: | | | | 3. Cancel Approved Leave: |
| For Academic Term(s)/period:  Start Date:  End Date:  FTE: | | From Approved Term of Leave:  to Fall  to Winter  to Spring | | | | Approved Term of Leave:  Reason for cancellation:  Resignation (eff date:      )\*  Early return from leave (eff      )  Other (specify):  ***\*attach resignation letter*** |
| **Purpose of Personal Leave** | | *Article 22.8 states that personal unpaid leaves may be for purposes of unpaid sick leave, outside employment, parental leave, family care leave, or other purposes of a personal nature.* | | | | |
| ***(If Parental Leave, please complete AP193)***  Unpaid Family Medical Leave \*  Unpaid Sick Leave – Self \*  ***\*consult with Disability Leaves Analyst in Human Resources***  Outside Employment ***(complete Section C below)***  Other (specify): | | **Select One:**  Will use sick leave credits prior to beginning unpaid personal medical leave\*  Will not use sick leave  Will use vacation prior to beginning unpaid leave (12-month faculty only)  ***\*consult with Disability Leaves Analyst in Human Resources*** | | | | |
| **Section B – PROFESSIONAL Leave Without Pay Request** *Select and complete one below:* | | | | | | |
| Initial Application for Leave  Extension of Approved Leave | | Change Approved Leave | | | | Cancel Approved Leave |
| For Academic Term(s) or period:  Start Date:  End Date:  FTE: | | Approved Term(s) of Leave:  Early return from leave (eff      )  Change term(s) of leave to | | | | Approved Term(s) of Leave:  Reason for cancellation:  Resignation (eff date:      )\*  Cancelled due to departmental needs  Other (specify):  ***\*attach resignation letter*** |
| **Purpose of Professional Leave** | | ***Article 22.24 states that professional unpaid leaves are for purposes of research, advanced study, professional development, or other purposes of benefit to the campus.*** | | | | |
| Research  Advanced Study (Educational)  Professional Development  Outside Employment ***(complete Section C below)***  Other Cal Poly Employment ***(complete Section C below)***  Other (specify): | | **Explain in detail how this leave, if approved, will benefit the University:** | | | | |
| **Section C - For purpose of Outside Employment – Any Leave Type** *(Cal Poly reserves the right to speak to supervisor)* | | | | | | |
| Paid Employment:  Yes  No Position Title/Department:  Institution/Employer:       Name/Title of Immediate Supervisor:  Are you taking a probationary or tenured position, or a position with faculty retreat rights at another university:  Yes  No | | | | | | |
| **Section D – Faculty contact information while on leave** | | | | | | |
| Phone: (     )       -       Email (if different from Cal Poly email): | | | | | | |

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| **Section E - PROBATIONARY TENURE-TRACK FACULTY PLEASE COMPLETE THIS SECTION:** |
| **Probationary faculty employees** may request an extension of their probationary period pursuant to Provision 13.7-8 of the faculty CBA for the following types of unpaid leave:   * Personal Leaves of any duration * Professional Leaves of less than one year, or more than two years   Such a request is subject to the recommendations of the department tenured faculty (professional leave requests), department head/chair, dean, and approval of the Provost. This option is limited to a one year extension of probationary period per year of applicable leave.  ***Probationary faculty must select one IF requesting personal leave (any duration) or professional leave of more than one year:***   1. **I *DO NOT* want the AY in which unpaid leave is taken to count toward tenure. I hereby request an extension of my probationary period****for a period of one year***. I will not be subject to a periodic or performance evaluation during the period of leave. I understand that my request is subject to the recommendations of my department head/chair and dean, approval of the provost, and once approved,* ***cannot be revoked****. If approved, the approval and any conditions of this extension will be communicated to me via memorandum from the provost.* 2. **I *DO* want the AY in which unpaid leave is taken to count toward tenure.** *I will be scheduled for annual periodic or performance evaluation (as appropriate) which may fall within the period of requested unpaid leave, and will be expected to submit my Working Personnel Action File by the established deadline.* |
| **Section F – Acknowledgement/Signature of Faculty Member Requesting Professional Leave** |
| I acknowledge and agree that as a faculty member on a leave of absence without pay for professional purposes, I shall, when otherwise eligible, accrue service credit toward sabbatical eligibility, difference in pay eligibility, service salary increase eligibility and seniority. Such accrual of service credit toward sabbatical and difference in pay eligibility shall be for a maximum of one (1) year per sabbatical eligibility period. Such accrual of service credit toward service salary increase eligibility shall be for a maximum of one (1) year per professional leave of absence without pay and extensions thereof. Such accrual of service credit shall be forfeited whenever the President has determined the conditions of the leave were not met. **I understand that I will not earn retirement service credit for the duration of unpaid leave** but that such retirement service credit for qualifying professional leaves may be requested to be repurchased at the conclusion of leave. To request online following your leave log into myCalPERS, navigate to the Retirement tab, and select Service Credit Purchase Options followed by the Search for Purchase Options button. Information can be found here: <https://www.calpers.ca.gov/page/active-members/retirement-benefits/service-credit>.   * Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section G – Acknowledgement/Signature of Faculty Member Requesting Personal Leave** |
| I acknowledge and agree that as a faculty member taking leave of absence without pay for personal reasons (unpaid sick leave, outside employment, unpaid parental leave or family care leave, or other purposes of a personal nature), **I shall not accrue service credit** toward sabbatical eligibility, difference in pay eligibility, service salary increase eligibility, or seniority except as provided in Provisions 22.22 and 22.23 of the faculty unit contract. I further acknowledge that, as applicable and if otherwise eligible, I will not accrue credit toward promotion eligibility for the entire academic year in which the leave occurs, or range elevation eligibility for the duration of leave. **I understand that I will not accrue any retirement service credit for the duration of unpaid leave**.   * Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section G – Department and College Recommendations/Endorsements:** |
| **DEPARTMENT RECOMMENDATION:**  **Tenured Faculty Vote *(only required for Professional Leaves)*:**      Yes Votes      No Votes      Abstentions  *Recommended**Not Recommended*  Chair, Tenured Faculty Committee Date ***For All Leave Requests:***  *Recommended**Not Recommended*  Department Head/Chair Signature Date  **COLLEGE ENDORSEMENTS:**  *Approved**Not Approved*  Dean’s Signature Date  ***Dean’s office will prepare notification memorandum to advise faculty in writing of final approval or denial of leave. Please send completed form with all signatures and draft notification memo to Lindsay Howell (***[***lmhowell@calpoly.edu***](mailto:lmhowell@calpoly.edu)***), Faculty Leaves Analyst in Academic Personnel, for processing.***  ***Academic Personnel will send approved notification and form to faculty requesting leave.***  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PROVOST APPROVAL *(only required for probationary period extension requests – Section E.1.)*:**  *Approved**Not Approved*  Provost/VPAA Signature Date |