University of Missouri

Request For Leave of Absence

1. Employee Name (last, first, middle)	2. EMPLID Number	3. Benefit Eligible Date	4. Business Unit	5. Current Salary $_____ ☐ Annual ☐ Hourly

6. Complete Title Description	7. Department Name and Address

8. Type of Leave
☐ Sabbatical ☐ Research ☐ Development ☐ Military ☐ Personal ☐ Medical ☐ 2 W K H U B B B B B B B B B B B B B B B B B B B B B B

9. Period of Leave (give month, day and year for each date)
Begin Date End Date

10. Purpose of Leave (Complete for Sabbatical, Research, Development, or Personal Leave. Attach separate sheet if necessary.)

11. Address During Leave (street, city, state, zip code)	12. Telephone During Leave (area code and number) ( )

13. Last UM Leave Period Was (give month, day and year for each date) Begin Date End Date	14. Last UM Leave Was ☐ Sabbatical ☐ Research ☐ Development ☐ Military ☐ Personal ☐ Medical ☐ 2 W K H U B B B B B B B B B B B B B B

I hereby state that I am familiar with and understand all University system-wide and campus rules and regulations regarding the leave I have requested and I hereby agree to comply with same. I understand that, in accordance with University system-wide rules and regulations, my leave may have consequences with regard to: 1) the calculation of the probationary period toward tenure; 2) eligibility for additional leaves; 3) the calculation of creditable service toward retirement; 4) the maintenance of staff benef other factors relating to my University employment.

I also understand and agree that, if my leave is without compensation from the University, I or a responsible family member must contact the campus Benefits Office to arrange for continuance or discontinuance of my participation in the University's Empl Plans prior to the beginning of my leave. If I choose to discontinue Medical or Dental Plan coverage during my leave, I must contact the campus Benefits Office to re-enroll within the first 30 days following the completion of my leave. Likewise, should I ele discontinue my Group Term Life Insurance coverage, I will be required to provide satisfactory evidence of insurability upon completion of my leave should I choose to resume coverage.

Sabbatical, Research, or Development Leave

I hereby understand and agree that, in consideration of a sabbatical, research or development leave, I am required to remain in the University's full-time service at not less than my present salary for the same amount of time I plan to be reimburse the University within three (3) months for salary and benefits provided to me during the leave period should I not return to employment with the University, and that I shall submit a report on my accomplishments during my leave period as required Chancellor or the Vice President within one (1) month of my return to the University.

15. Signature of Applicant (or responsible family member)	16. Date	17. Appointment Type Appointment: ☐ 9 month ☐ 12 month Tenure Status: ☐ Regular/Tenured ☐ Regular/Tenure Track ☐ Non-Regular Term Appointment	18. Total University Compensation To Be Paid During Leave. (if none, enter zeros) (Note: Sabbatical maximum during leave period cannot exceed 50% of annual salary. $_____

Comments (include amount and source of any compensation to be paid during the leave but not reported in 18)

Signature Approval (Faculty Only)		Signature Approval (Staff Only)	
Department Chairperson or Director	Date	Department Chairperson or Director	Date
Dean	Date	Dean or Administrative Head	Date
Chancellor, Vice President, or Provost	Date	Human Resources/Designee	Date