



FACULTY REQUEST FOR NON-ACADEMIC LEAVE OF ABSENCE

Instructions: Please complete all applicable sections on **both pages**, sign, date and forward to your Chair

Your information

Your Name _____ Title/Rank _____ BU ID # _____

Unit/Department _____ Phone: Office _____ Phone: Home _____

Home Address- Please include Street, City, State and Zip Code _____

Reason for your request

- The birth of a child, or placement of a child with you for adoption or foster care
- Your own serious health condition (medical documentation required)
- You are needed to care for your spouse; child; parent due to his/her serious health condition
- A qualifying exigency arising out of the fact that your spouse; son or daughter; parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves
- You _____ are the spouse; son or daughter; parent; next of kin of a covered service member with a serious injury or illness
- Military Leave - You have been called to active duty for a period beyond fifteen (15) calendar days

Period of Your Leave I expect to be away from work for the following dates/work days:

For continuous leave: Beginning On: _____ Ending On: _____

Intermittent or Reduced Schedule Leave on the following dates: _____

Additional Information (optional)

**To be completed by Chair and /or Dean (both campuses):
Preliminary Recommendation to Dean Regarding Courses and Duties Coverage.**

NOTE: It is understood that, except under unusual circumstances, in order to make leave with compensation possible, the teaching load of the faculty member on leave is shared by other department members without added expense to the University.

| Yr.-Sem. | Course Title | Course Number | Est. Enrollment | Arrangement for Coverage |
|----------|--------------|---------------|-----------------|--------------------------|
|----------|--------------|---------------|-----------------|--------------------------|

Other Duties: _____ Arrangement for Coverage: _____

If due to unusual circumstances, the arrangement for coverage involves added expense to the University (e.g.: replacement faculty or overload payment), please indicate the anticipated cost and provide justification.

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Name (Last, First, MI)

School, Department

Charles River Campus Tenure Track Faculty:

Are you requesting deferment of tenure review?

Yes

No

Employee Signature

Date

Recommendation/Approval

Signatures:

Date:

Deferment of Tenure Review

Chair

Concur

Dissent

N/A

Dean

Concur

Dissent

N/A

Provost

Concur

Dissent

N/A

●ALL LEAVE REQUESTS ARE SUBJECT TO REVIEW AND APPROVAL BY THE OFFICE OF THE PROVOST.

●YOU WILL BE INFORMED WHETHER YOUR LEAVE WILL BE DESIGNATED AS FMLA LEAVE AND COUNTED AGAINST YOUR FMLA LEAVE ENTITLEMENT.

●IF APPLICABLE, BU POLICIES REGARDING APPLICATION OF PAID TIME OFF TO VARIOUS TYPES OF LEAVE CAN BE FOUND IN THE FACULTY HANDBOOK AT:
<http://www2.bu.edu/handbook/policies/leaves/index.html>