

# OVPR REQUEST FOR LEAVE OF ABSENCE (INCLUDING UNPAID LEAVE)

<b>PERSONAL INFORMATION</b>		<i>Faculty/Staff Member to return completed form to <a href="mailto:UMOR.HR.Team@umich.edu">UMOR.HR.Team@umich.edu</a></i>	
Name:		Date:	
UMID:	Uniquename:	Job Title:	
Home Address (for correspondence):			
Supervisor's Name:		Department Name:	
<b>FACULTY/STAFF MEMBER: Check the type of leave, supply the required information in writing, and provide attachments as indicated.</b> Reference Standard Practice Guide 201.30 and 201.30-1, Leaves of Absence. <b>NOTE: Faculty and Staff represented by a Union should refer to the collective bargaining agreement that governs the terms and conditions of their employment for information regarding leaves of absence.</b>			
<b>Leaves applicable to faculty and staff:</b>			
<input type="checkbox"/> Child Care	State the date of the child's birth, adoption, or foster placement. Date: _____		
<input type="checkbox"/> Educational	Indicate school and credit hours. If not a UM student, attach a completed Educational Leave of Absence Addendum, available at <a href="http://www.hr.umich.edu/hrris/forms/pdfs/edleavead2.pdf">http://www.hr.umich.edu/hrris/forms/pdfs/edleavead2.pdf</a> , to verify registration.		
<input type="checkbox"/> Family Care	Attach U.S. Department of Labor Certification of Health Care Provider For Family Member's Serious Health Condition (Family and Medical Leave Act), Form WH-380-F ( <a href="http://www.dol.gov/whd/forms/">http://www.dol.gov/whd/forms/</a> ).		
<input type="checkbox"/> Government Service	Indicate the nature and duration of the government service. _____		
<input type="checkbox"/> Military Service	Attach a copy of the Notice of Induction or Authorization for Active Duty.		
<input type="checkbox"/> Qualifying Exigency	Attach a copy of the U.S. Department of Labor Certification of Qualifying Exigency For Military Family Leave (Family and Medical Leave Act), Form WH-384 ( <a href="http://www.dol.gov/whd/forms/">http://www.dol.gov/whd/forms/</a> ).		
<input type="checkbox"/> Care of a Covered Servicemember	Attach a copy of the U.S. Department of Labor Certification for Serious Injury or Illness of Covered Servicemember - for Military Family Leave (Family and Medical Leave Act), Form WH-385 ( <a href="http://www.dol.gov/whd/forms/">http://www.dol.gov/whd/forms/</a> ).		
<input type="checkbox"/> Personal Medical	If receiving Workers' Compensation, indicate whether you want to exhaust your vacation time before the leave begins. _____		
<input type="checkbox"/> Medical/Child Care	Provide the date of the child's birth. Date: _____ This leave is only applicable to employees not eligible for extended sick time.		
<input type="checkbox"/> Phased Retirement	Use this form to initiate a phased retirement program. Describe the arrangement for the phased retirement program. (Refer to SPG 201.83, Retirement.) _____		
<input type="checkbox"/> Personal	State the reason for requesting the leave:		
<input type="checkbox"/> Seasonal Leave	Use this form to establish the initial seasonal leave period. Refer to SPG 201.30-3, Seasonal Leave of Absence Appointment.		
<input type="checkbox"/> Intergovernmental Personnel Assignment	Attach OF69 Assignment Agreement. (Refer to SPG 201.30-5, Federal Personnel Agreements.)		
<p>I request that my leave (combination of paid and unpaid periods) begin on _____ and end on _____. (If necessary, give approximate dates.) <b>Please contact the U-M Benefits Office to discuss the impact of unpaid leave on various benefits.</b></p>			
<p>Please provide any further clarification, or provide an attachment, if needed:</p>			

