


Leave of Absence (LOA) Request Form (Other than Family & Medical Leave Absence)


IMPORTANT INFORMATION—PLEASE READ BEFORE COMPLETING THIS FORM

This is not the appropriate form for requesting FMLA, Paid Parental Leave (PPL), or Military Leave. Read the instructions on page 3 of this document prior to completing this form.

SECTION 1 To be Completed by Employee

Employee Name:		University 10-Digit ID:
Campus:	Department:	Request for: <input type="checkbox"/> Partial Leave (reduced FTE) <input type="checkbox"/> Full Leave
Type of Leave Requested: <input type="checkbox"/> Education (EDU) <input type="checkbox"/> Medical (MED) <input type="checkbox"/> Onetime 90 Day (select): <input type="checkbox"/> Medical (1MD) <input type="checkbox"/> Other (1OT) <input type="checkbox"/> Other (explain): _____		
Expected Length of Leave (if known): Start Date:		to End Date:
<small>(Minimum 30 calendar days; Maximum 12 months)</small>		
 Employee Signature:		Date:

SECTION 2 To be Completed by Department Designee/HR Representative

Complete eligibility checklist ONLY for type of leave requested in Section 1	
<input type="checkbox"/> Education (EDU)	1. Has the employee provided documentation (e.g. Course Description)? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Medical (MED)	1. Has the employee provided documentation from a healthcare provider? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Is employee eligible for FMLA? <input type="checkbox"/> Yes <input type="checkbox"/> No 2a. If yes, have they exhausted their protected time? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Onetime 90 Day (1MD, 1OT)	1. Has the employee previously used 1x90 Day Leave? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. If Medical (1MD), has the employee provided documentation from a healthcare provider? <input type="checkbox"/> Yes <input type="checkbox"/> No
Department Designee/HR Representative Printed Name:	
 Department Designee/HR Representative Signature:	
Date:	

(continued on reverse side)

Employee Name:	University 10-Digit ID:
----------------	-------------------------

SECTION 3 To be Completed by Department

Department Point of Contact Name:	Campus Phone:
-----------------------------------	---------------

Campus Email:	Date LOA Request Received:
---------------	----------------------------

Partial leave of absence APPROVED.

Your partial leave of absence has been approved from _____ (date) to _____ (date). During this period, your FTE has been reduced to _____. You will accumulate _____ hours of prorated income protection time and _____ hours of vacation/PTO time per pay period while you are on leave.

Regular leave of absence APPROVED.

Your regular leave of absence has been approved from _____ (date) to _____ (date) as provided below:

Leave of absence DENIED.

_____ Would recommend for rehire. Will refer to IU Human Resources with a letter of recommendation for referral.

_____ Your request cannot be approved for the following reasons:

 Department Head Signature:	Date:
------------------------------------------------------------------------------------------------------------------	-------

If LOA is approved, please attach a copy of this document to the eDoc when processing. Please do not attach private medical documentation to the eDoc. Also, please provide a copy to the employee and maintain a copy for your department records.

IMPORTANT INFORMATION—PLEASE READ BEFORE COMPLETING THIS FORM

Family and Medical Leave Act (FMLA)

This is not the appropriate form for requesting FMLA. All FMLA forms and procedures can be found on the FMLA Rights policy page at policies.iu.edu/policies/hr-05-20-fmla-family-medical-leave/index.html.

In accordance with the Family and Medical Leave Act (FMLA) of 1993, Indiana University staff and temporary employees may receive up to a total of 12 weeks of leave in a 12-month period, defined as a calendar year. Qualifying reasons include but are not limited to the birth of a child and to care for a newborn child, placement of a child through adoption or foster care, care for employee's serious health condition or care for the employee's spouse, child under 18 or parent with a serious health condition, due to a covered service member with a serious injury or illness, or due to qualifying exigency arising out of active duty status, etc. Please consult the Family and Medical Leave Act (FMLA) Rights policy online at policies.iu.edu/policies/hr-05-20-fmla-family-medical-leave/index.html.

Paid Parental Leave (PPL)

This is not the appropriate form for requesting PPL. All PPL forms and procedures can be found on the PPL policy page at policies.iu.edu/policies/hr-05-65-paid-parental-leave/index.html.

Paid Parental Leave is provided to an eligible staff employee, following a birth or adoption of a child, in recognition of the importance of work/life balance and offering parents the opportunity to bond with their new child. This policy applies to staff employees appointed at 30 hours or more per week in a benefits-eligible staff position, and have been continuously employed in a 30 hours or more per week benefits-eligible staff or faculty position for at least one year (12 months). Please consult the Paid Parental Leave policy online at policies.iu.edu/policies/hr-05-65-paid-parental-leave/index.html for additional information regarding procedure.

Military Leave

This is not the appropriate form for requesting Military Leave. All Military Leave forms and procedures can be found on the Military Leave page at policies.iu.edu/policies/hr-05-60-military-duty/index.html.

Federal law protects the employment of employees who have voluntarily enlisted in or who have been inducted into or called to duty by the uniformed services of the United States. The protections include leaves of absence for training and active duty and continuation and restoration of certain benefits. Further, Indiana law allows family members of individuals on active duty in the uniformed services to take temporary leaves of absence within specified time frames. Please consult the Leaves for Military Duty and Leaves for Military Families policy online at policies.iu.edu/policies/hr-05-60-military-duty/index.html for additional information regarding procedure and forms.

This information is intended only to be a summary of the university's Leave of Absence policy. Please consult the Discretionary Leave of Absence policy online at policies.iu.edu/policies/hr-05-10-discretionary-leave-absence/index.html. A Leave of Absence (LOA) is an absence without pay for a specific period of time for a minimum of 30 calendar days to a maximum of 12 months*. A LOA implies that you intend to return to work at the end of that period of time.

* Approval is required for a LOA which is longer than one year or for any extension to a LOA which causes the total absence to be longer than one year.

To Request a Leave of Absence

Complete Section 2 of this form and submit it to your department head or HR Rep. Approval of the LOA will depend upon the following factors:

- The purpose of the leave of absence
- The length of the leave of absence
- Your length of service
- Your expected or potential length of service after returning from leave of absence
- The difficulty in obtaining a temporary replacement, if necessary

Employee Responsibility

Because you are requesting a change in your employment status (from active to leave), you will need to request the LOA and insure that it is approved before leaving your position. When you are ready to return to work or the LOA expires, you are responsible for contacting your department head to discuss your employment status. If your LOA expires and you do not return to work or contact your department head, you may be subject to termination.

Department Head Responsibility

After receiving the Leave of Absence Request, the department head will consider the above factors in approving/denying the request. You will be provided a copy of the approved request outlining the status of your position while you are on LOA, or the copy of the denied request explaining the reason(s) for the denial. If your LOA is approved, the department head will process the LOA by initiating a Leave of Absence eDoc.

To Continue Health and Life Insurance Coverage

If your LOA is approved, you will need to contact IU Human Resources at askhr@iu.edu or (812) 856-1234 to make arrangements for continued health and life insurance coverage.

Since a LOA is without pay, you will need to make arrangements to pay the employee portion of the health insurance premium (the amount that is usually deducted from your paycheck). Life insurance is provided free of charge for the entire length of a medical LOA and for three months for a LOA for other reasons. Paid time off benefits (vacation, income protection, and holidays) are not earned during a LOA but may be earned on a prorated basis if it is a partial LOA.