

**THE UNIVERSITY OF MICHIGAN
SCHOOL OF MUSIC
Faculty Request for Leave of Absence With or Without Salary (Non-Sabbatical)**

Date of Request _____

Your Name (Last, First, Middle) _____

UMID# _____ Title of Position _____

Department(s) _____ Department(s) Address(es) _____

Supervisor(s)/Department Chair(s) Name(s) _____

Duty Off-Campus
Refer to SPG 201.90, attached

Leave with full department salary
Describe Activity: _____

Leave with partial department salary

Location: _____

Scholarly Activity Leave
[Does NOT count towards sabbatical equity.]
Refer to SPG 201.30-4 attached

Leave with partial salary **Leave with benefits only** **Leave with partial salary and benefits**
Describe Activity: _____

Location: _____

Funding Source: _____

Leave Without Salary for the purpose of:
[Does NOT count towards sabbatical equity.]
Refer to SPG 201.30-1 attached

Research (describe type of research, book title, if applicable, etc.): _____

Location: _____

Funding Source: _____

Outside Teaching Assignment. Name of educational institution: _____

Duties to be performed: _____

Child Care: "Available to both female and male staff members following the birth of the staff member's child or following the adoption of a child who is under the age of six; granted after disability from pregnancy ends. Duration of initial leave: up to one year from the date of the child's birth or date of adoption." Tenure Track Assistant Professors should also refer to SPG 201.921.B (Dependent Care) regarding one year off the tenure clock.

Maternity/Pregnancy: "Although there is no leave by this title, coverage is provided under SPG 201.11-1, Sick Leave Plan, as well as the medical and childcare leaves described in SPG 201.30-1. Any regular instructional staff member who has been a member of the University for two years or more may apply for sick leave income during incapacity but not exceeding one-half year of leave at the individual's regular income, and, thereafter, one-half year of leave at one-half the individual's regular income. . . . Staff member must submit written request for leave with appropriate support document (e.g., physician's letter) to chair or supervisor, if incapacity exceeds three calendar weeks."

Modified Duties (for information purposes only): "The University's Sick Leave Policy provides faculty with a paid leave plan for disability due to pregnancy, childbirth or related medical conditions. . . . To enable faculty to use sick leave to recover fully from the effects of pregnancy, childbirth or related medical conditions, a pregnant faculty member shall, upon written request, be granted a period of modified duties without a reduction in salary. For the purposes of this policy, modified duties for instructors, assistant professors, associate professors and professors shall mean, at a minimum, that the relevant academic unit shall be responsible for arranging for relief from direct teaching responsibilities for the academic term which includes the anticipated sick leave period. Faculty on modified duties status will normally be expected to fulfill their other professional responsibilities which can be scheduled around the sick leave period. . . . Academic units may define modified duties more broadly than the minimum requirements set forth in this policy." SPG 201.93 Tenure Track Assistant Professors should also refer to Regents Bylaw 5.09 regarding time off the tenure clock.

Personal **Disability** **Educational** **Government Service** **Medical** **Family Medical** **Military Service**

I request that my leave BEGIN on _____ and END on _____. [If necessary, give approximate dates.]

I understand that returning to work before the leave's expiration date is at the discretion of the University.

****Assuming that I have an eligible appointment upon my return from leave, I authorize the University to automatically re-enroll me (and my dependents, if applicable) in those Staff Benefits Plans in which I was enrolled as of my last day of work (prior to the leave) and to deduct any resulting costs from my earnings. My most recent beneficiary designation for Group Life Insurance will be continued.****

Faculty Member's Signature _____ Chair Signature(s) _____

Dean's Signature _____ Date Approved by Executive Committee _____

STAFF MEMBER: Return the completed form and relevant documents to your supervisor/department chairperson.
SUPERVISOR/DEPARTMENT CHAIR: Sign the completed form, attach appropriate documents, and submit to the Dean's Office.
cc: Academic Human Resources, School of Music Business Office, Chair of Department, Faculty Member