



FACULTY ABSENCE/LEAVE REQUEST FORM

This form must be completed any time a faculty member will miss classes and other University obligations or will be absent from campus for half or more of a day. As practicable, this form should be completed and provided to your department head at least five days prior to the absence per Faculty Handbook, Chapter 8.051, except in emergencies, unusual circumstances or otherwise provided in Chapter 8 of the Faculty Handbook. In the case where the leave was unexpected, please submit the form upon your return to campus. If a class needs to be canceled, contact the department secretary even if you notify students in a different manner (such as electronic communications). In addition to completing this form, you must record sick leave on your timecard in e-Business Suite/UNI Employee Self Service.

Name _____ University ID _____ Email address _____
Dates (inclusive) requested to be absent _____ Total number of days for absence _____

Reason for absence:

- Sick leave (Injury, illness, or pregnancy), Faculty Handbook, 8.01. This requested leave is for:
My own personal injury, illness, or pregnancy
To care for spouse, child, domestic partner, or parent with serious illness
Birth or adoption of child (Speak with HRS or your department head re: university policy/practice, including availability of Child Care Leave per Faculty Handbook, 8.36)

Note: UNI Human Resource Services may request medical proof of absences as permitted by law. Faculty Handbook, 8.052

- Short-term paid leave, Faculty Handbook, 8.31
Educational and research purposes, conferences or other professional activities, Faculty Handbook, 8.311
A ProTrav trip should be created in the ProTrav@UNI web application in MyUNiverse for anyone traveling on behalf of the University, regardless of whether the university is funding the trip. Additionally, Faculty members submitting international travel requests must register through the Travel Registry at: https://Studyabroad.uni.edu/ at least 3 months in advance.
Bereavement leave, Faculty Handbook, 8.312
Consulting or professional activities, Faculty Handbook, 8.313
Long-term leave, Faculty Handbook 8.32 (You must complete a "Faculty Request for Extended Leave of Absence")
Jury duty. Faculty Handbook, 8.2 (Must reimburse university for pay received, less travel or personal expenses)
Military leave. Faculty Handbook, 8.33 (In accord with Iowa Code, § 29A.28)
Public office leave, Faculty Handbook 8.34
Other (explain): _____

If the leave requested above requires you to miss more than one week of class(es), please contact your department head and attach a detailed plan for class coverage during your absence.

Your name and signature: _____
Print Name Signature date

Approval signatures:

Department Head date

(By signing this, the department head agrees that the plan for class coverage meets student and program needs in the specific courses).

If this is a request that exceeds one week of leave, this form also must be signed by the dean of the college.

Dean of the College date