

# Carnegie Mellon

## APPLICATION FOR FACULTY PERSONAL LEAVE

### INSTRUCTIONS

1. The Faculty Member must complete sections I through IV and submit the completed form to the Department Head for initial review and approval.
2. The Department Head will review the request with the Dean.
3. The Dean and Department Head will complete Section V, and submit the entire application to the Provost's Office, via email to [facultyleaves@andrew.cmu.edu](mailto:facultyleaves@andrew.cmu.edu), for review by the Vice Provost for Faculty.

**Note:** Generally, faculty members should request personal leave at least one semester in advance of taking the leave.

### SUMMARY OF FACULTY PERSONAL LEAVE

Faculty members may be granted a leave of absence for personal circumstances. Approval of a request for leave is *subject to the discretion of the department head, the dean of the college and provost*. Personal leave may be granted on a half-time or full-time basis. Full-time leaves are unpaid by the University. Faculty on half-time leaves will have a reduced workload and a comparable reduction in salary.

Faculty members are encouraged to review the Policy on Faculty Leaves as well as the exclusions from service section of the Appointment and Tenure Policy for details concerning the terms and conditions of the leave of absence. Faculty may also wish to review the Summary of Benefits Eligibility During Faculty Leaves available on the Provost's Office website.

- Policy on Faculty Leaves – <https://www.cmu.edu/policies/faculty/faculty-leaves.html>
- Appointment and Tenure Policy – <https://www.cmu.edu/policies/faculty/appointment-and-tenure-policy.html>
- Summary of Benefits Eligibility – <https://www.cmu.edu/hr/benefits/time-away/faculty-leaves.html>

**Note:** In addition to faculty personal leave, faculty members may have rights under the Family Medical Leave Act, and may be entitled to certain benefits under the University's Short Term Disability and Long Term Disability Programs. If you have any questions about how faculty personal leave interfaces with your FMLA rights, potential disability benefits, or your employee benefits, please contact the University's Leaves Manager, found at <https://www.cmu.edu/hr/benefits/time-away/fmla.html>.

### SECTION I: FACULTY PROFILE

Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

Faculty Rank and Track (Assistant, Associate, or Full Professor): \_\_\_\_\_

Teaching-Track

Research-Track

Librarian-Track

Tenure-Track, Without Tenure

Tenure-Track, With Tenure

### SECTION II: LENGTH OF LEAVE

Fall Semester of 20\_\_

Spring Semester of 20\_\_

Academic Year 20\_\_ - 20\_\_

Other (please specify) \_\_\_\_\_

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### SECTION III: TYPE OF LEAVE

- Full-Time Personal Leave with no salary and only those benefits available through COBRA.
  
- Half-Time Personal Leave with reduced salary and benefits. Specify part-time % \_\_\_\_\_

Note: Certain full-time benefits may not be offered during a Half-Time Personal Leave. Please consult the Summary of Benefits Eligibility During Faculty Leaves ([http://www.cmu.edu/hr/benefits/benefit\\_programs/forms/faculty-leaves-benefits.pdf](http://www.cmu.edu/hr/benefits/benefit_programs/forms/faculty-leaves-benefits.pdf)) for information on benefits eligibility.

If you have additional questions concerning benefits please contact the University's Leaves Manager, found at <https://www.cmu.edu/hr/benefits/time-away/fmla.html>.

### SECTION IV: STATEMENT

**Provide a brief statement explaining why you require a personal leave of absence. Use the space below or attach a separate document.**

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\_\_\_\_\_  
Faculty Member Signature

\_\_\_\_\_  
Date

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## APPLICATION FOR FACULTY PERSONAL LEAVE

### SECTION V:

#### College & Department Approval

The above referenced department and college are supportive of Professor \_\_\_\_\_'s request for a leave of absence as described in the attached application. The tenure decision deadline or reappointment/promotion deadline **will not** be delayed during the period of leave.

\_\_\_\_\_  
Department Head's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Date

#### College / Department Administrative Contact

Please provide the name and contact information for the college or department administrator who will work with the Benefits Office and Human Resources concerning the administrative details of the leave, such as identifying the appropriate Oracle Charge String for the benefits fringe rate (if applicable).

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

Upon approval by the College, please submit this form to [facultyleaves@andrew.cmu.edu](mailto:facultyleaves@andrew.cmu.edu).

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#### Approval By Vice Provost for Faculty Approval

\_\_\_\_\_  
Shelley Anna  
Vice Provost for Faculty

\_\_\_\_\_  
Date

Provost's Office Use Only		
Date Received	Date Approved	Notes