



CHARLOTTE

9201 University City Boulevard, Charlotte, NC 28223-0001
provost.charlotte.edu

LEAVE OF ABSENCE REQUEST FOR A MEMBER OF THE FACULTY ON 9-MONTH APPOINTMENT

Review appropriate policy for your circumstance: University Policy 102.6: Family and Medical Leave for Nine-Month Faculty, University Policy 102.15: Personal (Non-FMLA) Leaves of Absence for Nine-Month Faculty or University Reassignment of Duties Program guidelines **before** completing this form. This form must be signed by the faculty member, Department Chair, Dean and College Business Officer before being sent to Academic Affairs.

A) FACULTY INFORMATION:	
Faculty Member Name:	UNCC ID
College:	Department:

Rank/ Tenure Status:	<input type="checkbox"/> Tenured	<input type="checkbox"/> Professor	<input type="checkbox"/> Associate Professor	<input type="checkbox"/> Assistant Professor
	<input type="checkbox"/> Senior Lecturer	<input type="checkbox"/> Other- Please specify:		

Leave requested for: Year _____	<input type="checkbox"/> Fall Semester (8/15-12/31) (Effective Payroll dates: 7/1-12/31)	<input type="checkbox"/> Spring Semester (1/1-5/15) (Effective Payroll dates: 1/1-6/30)
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B) TYPE OF LEAVE REQUESTED:	
<input type="checkbox"/> Subject to FMLA (with full pay)	FMLA Application submitted to the Benefits office (207 King Bldg) on _____ (date)

<input type="checkbox"/> Personal (Non-FMLA without pay)	Purpose of leave: _____
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<input type="checkbox"/> Professional/Scholarly	<input type="checkbox"/> full pay (Semester only)	<input type="checkbox"/> without pay	<input type="checkbox"/> partial pay
(Statement of the purpose, objectives, and planned activities of professional/scholarly leave must be attached.)			

C) BENEFITS REQUESTED: If you have questions please contact Human Resources Benefits Office directly
(NOTE: During non-FMLA personal leave without pay, an employee may not make contributions to TSERS or the Optional Retirement Program, and the University cannot pay the employee's Health Insurance premiums, but health insurance can be continued at the employee's expense.)
<i>For health insurance and retirement, if an option is not checked benefits will be discontinued.</i>
I attest that I spoke with the Benefits Office x78134 and sent an email to Benefits@uncc.edu on _____ regarding my benefits decisions. date

<input type="checkbox"/> FMLA with Full Pay Health Insurance and Retirement benefits continue for leave with full pay
<input type="checkbox"/> Personal (Non-FMLA) Leave Without Pay (retirement automatically discontinued during leave period) Health Insurance <input type="checkbox"/> Continue- Employee and employer portion paid by Faculty Member <input type="checkbox"/> Discontinue
<input type="checkbox"/> Professional/Scholarly Leave with Full Pay Health Insurance and Retirement benefits continue for leave with full pay

Professional/Scholarly Leave with Partial Pay

Health Insurance
Retirement

Continue
 Continue

Discontinue
 Discontinue

Professional/Scholarly Leave Without Pay

Health Insurance

Continue- Employee and employer
portion paid by Faculty Member

Discontinue

Retirement

Continue (subject to approval)

Discontinue

D) APPOINTMENT STATUS:

In the case of a Family Medical Leave request, faculty members on tenure track will automatically have their reappointment or tenure review date and term of appointment extended by one year. A verification of the extended review dates will be included in the approval letter; however, a faculty member may request consideration for reappointment or tenure review at the original date with proper notification to the chair/dean.

E) PROFESSIONAL ACTIVITY DURING LEAVE OF ABSENCE:

Leave Subject to FMLA:

It is understood that no professional activity is expected.

(Consideration for salary increase will be given to any professional activity available for evaluation during the review period in which the leave occurs.)

Leave Not Subject to FMLA:

Faculty member and department chair have discussed expectations regarding the faculty member's professional activities during leave and how expected activities will be considered in subsequent reviews for reappointment, promotion, tenure, and salary increases.

Professional activity is expected and a plan for its evaluation is in place. It will be considered for:
(Check any that apply)

Reappointment

Promotion

Tenure

Salary increase

No professional activity is expected during period of leave.

(Consideration for salary increase will be given to any professional activity available for evaluation during the review period in which the leave occurs.)

F) FACULTY PLAN TO COVER RESPONSIBILITIES: *Please include all applicable sections in Coverage Plan. If you are a PI or Co-PI, clearly state the anticipated level of involvement or coverage plan.*

If the coverage plan requires more space than the box below allows, please add an attachment to this form.

Below, please write your statement of purpose, objectives, and planned activities, to include:

Proposed plan to cover teaching responsibilities of faculty member during requested leave (required) In instances of professional/scholarly leave, I am aware that should my leave request get approved I will be required to return to full-time service at UNC Charlotte following my leave. Should I not return to full-time service I will be required to repay any expenditures made on my behalf during my leave period.

PI statement confirming notification to GCA of intent to take leave (if applicable, provide date notification was submitted to GCA on page 3)

AA-43 Faculty Teleworking Attestation attached for all instances where professional activities are maintained during leave requiring faculty member to work remotely (not required for FMLA).

I attest that I have submitted a written notification of my plan to request leave to gca-postaward@charlotte.edu on _____.

G) ENDORSEMENT OF FACULTY PLAN TO COVER RESPONSIBILITIES:

Signatures indicate endorsement of the faculty member's plan by the Department Chair and Dean. This certifies that they have jointly developed the plan to cover the responsibilities, listed herein, of the faculty member during the requested leave. Leadership parties have discussed financial impact of that coverage.

If Academic Affairs funding support is needed, the request must be included with this AA-32.

Faculty Member	Date	Department Chair	Date
Dean	Date	Provost	Date

H) REQUIRED: To be completed by Business Officer and Faculty Member

In instances of partial pay, the employee's partial salary will be _____.

Will faculty member be receiving a special payment during leave and if so date?
 Yes/No _____ Date _____

Faculty Member **Date**

I am attesting that I have reviewed this packet for accuracy and completeness.

Business Officer **Date**

Instructions: Leave of Absence Request For a Member of the Faculty on 9-month Appointment

The AA-32 should be signed/reviewed by the faculty member, Dean, Chair, and Business Officer before sending to Academic Affairs for processing.

This form should be used for all 9-month faculty members requesting any type of formal leave from the University including [FMLA](#), [Personal](#), and Professional/Scholarly Leaves.

Short-term leaves of less than six weeks during a semester should be handled at the department and/or college levels by scheduling existing faculty to provide coverage for an absent colleague.

Section A: Faculty Information

To be completed by the faculty member applying for leave.

Leave Requested For: Leave can be requested for a minimum of one semester or a maximum of two semesters in one application package. If the total amount of leave exceeds two semesters, it is incumbent upon the faculty member to submit an additional AA-32 packet a minimum of 60 days prior to the exhaustion of their currently approved leave. See allowable leave periods in Section B, below.

Section B: Type of Leave Requested

To be completed by the faculty member applying for leave. Only one type of leave should be selected.

Subject to FMLA: These leaves are limited to one semester. Faculty member should indicate the date FMLA Application was submitted to Benefits. No FMLA request will be approved by Academic Affairs until it has been medically certified by Benefits. No medical documents should be submitted to Academic Affairs.

Personal: A statement regarding the purpose of the requested leave is required. Personal leave may be requested for two semesters (Fall and Spring). However, should personal leave be needed for another consecutive year a separate, new AA-32 must be submitted at least 60 days prior to the end of the faculty member's approved leave period per Section A, above.

Professional/Scholarly: Employee must indicate a compensation level (i.e. full pay (Semester only), partial pay, or without pay). Special cases for College of Science (COS) and the College of Humanities & Earth and Social Sciences (CHES) for full Academic Year with full pay. Please contact these departments directly for further information.

Section C: Benefits Requested

To be completed by the faculty member applying for leave.

The Benefits Office should be consulted prior to the faculty member applying for leave, so the full financial impact and post leave decisions are understood by the employee. The employee should indicate the date they discussed their options with the Benefits Office at x78134 and emailed Benefits@uncc.edu with their decision about continuation of benefits (retirement and insurance).

These selections are required and failure to select will result in benefits being discontinued during the leave period.

FMLA with Full Pay: All leaves with “full pay” mean health insurance and retirement are continued automatically during the leave period.

Personal (Non-FMLA) Leave Without Pay: All personal leaves without pay mean that retirement contributions will automatically be discontinued. Employees do have the option to: 1) continue health insurance with the full cost (both employee and employer portion) being paid by the faculty member, or 2) discontinue their coverage.

Professional/Scholarly Leave with Full Pay (Semester Only): All leaves with full pay” mean health insurance and retirement are continued automatically during the leave period.

Professional/Scholarly Leave with Partial Pay: Health insurance will either need to be continued or discontinued. All questions regarding retirement and insurance benefits should be directed to the Benefits Office x78134.

Professional/Scholarly Leave Without Pay: Employees may elect to continue retirement contributions subject to the Benefits Office approval. Benefits will assist faculty members with the application process when faculty members contact Benefits to discuss their planned leave. This should be discussed with Benefits prior to applying to leave. Employees do have the option to: 1) continue health insurance with the full cost (both employee and employer portion) being paid by the faculty member, or 2) discontinue their coverage.

Section D: Appointment Status

This section advises the faculty member on tenure track requesting Family Medical leave will automatically have their reappointment or tenure review and term of appointment will extended by one year. The review dates will be included in the approval letter. With proper notification to the Dean/Chair, a faculty member may request their review remain the same as their original date.

Section E: Professional Activity During Leave of Absence

To be completed by the faculty member applying for leave. Faculty member must plan to and attest to professional activity that they expect to maintain while on leave. This plan should be discussed with their Department Chair and Business Officer. It requires approval by the Department Chair and Dean.

Leave Not Subject to FMLA: If the faculty member wants the activity planned for leave to be considered for reappointment, promotion, tenure, or salary increases then a discussion needs to happen between the faculty member and the Department Chair. In order for the activity to be considered for any of these actions a plan must be in place for the evaluation of this activity and the plan must be approved by the Department Chair. By checking the boxes for consideration, the faculty member is attesting to the fact that this activity has been discussed with their Department Chair and a plan is in place for evaluation of the activity. It is recommended to attach a copy of the evaluation plan as part of the leave application packet.

Section F: Faculty Plan to Cover Responsibilities

To be completed by the faculty member applying for leave. This plan of coverage should be developed in consultation with the Department Chair and Business Officer to ensure that all duties and the associated coverage plan are known to all parties. Faculty member should use the check boxes as a guide for what details need to be written into their coverage plan and

check all of the boxes that apply to your circumstance. Identify the activity to be covered/conducted, by whom, by when, etc.

Furthermore, should the faculty member be a PI or Co-PI, they need to be sure they have clearly stated their anticipated level of involvement and/or their coverage plan for these duties while on leave. GCA is **required** to notify external funders of PIs and Co-PIs who will be on leave. The faculty member must complete the attestation statement identifying when written notification of their intent to take leave was sent to gca-postaward@charlotte.edu. It is important to

note the regardless of the faculty member's intent to remain active on a project while on leave, the external funder might require a different coverage plan. Please pre-consult with GCA in order to allow time to secure approval from your external funder prior to constructing your coverage plan and undertaking your leave.

Section G: Endorsement of Faculty Plan to Cover Responsibilities:

Faculty member signs on the appropriate line in section G and routes the form to their Department Chair for review and signature. Department Chair should attach an additional memo to the Dean outlining how they will cover the faculty member's duties. This memo should include any financial support requests that the Department seeks from the College. Should the College be unable to cover the requested amount, the Dean will need to draft a memo to Academic Affairs requesting the support. Leadership's signatures on the AA-32 form signify approval and willingness to cover the faculty member's duties as outlined. The AA-32 should be signed by the faculty member, Dean, Chair, and Business Officer before sending to Academic Affairs for review.

Section H: REQUIRED

To be completed by the Faculty Member and College Business Officer.

In instances of leave with partial pay, the Business Officer must confirm the compensation amount to be entered on the faculty member's PD-7.

Faculty members must confirm if they are receiving a special payment during the requested leave with a yes/no and when (date). By selecting Yes, this will mean that Academic Affairs will cancel all special payments associated with this faculty member while on leave. If the special payment extends beyond the leave time frame then the Business Officer will be responsible for reinstatement of any special payment.

Business Officers are required to review every AA-32 for accuracy and completeness. This includes a review to ensure all required fields are completed, that the coverage plan as stated on the form covers all of the faculty member's duties, that the faculty member has notified both GCA and Benefits of their intent to request leave, and that appropriate leadership approval and memos are attached. Their signature indicates the date of their review and the accuracy and completeness of the faculty member's packet.

It is important to note that Academic Affairs will not accept incomplete AA-32 packets. Should an incomplete packet be received, it will be routed back to the Business Officer to ensure the appropriate parties are aware of changes that need to be made. Submission of incomplete packages lead to delay in approval of faculty leave, making the accuracy and completeness of the AA-32 form at the time of submission of paramount importance.