



UI HEALTH SPECIAL LEAVE FORM

Special leave without pay may be granted for the purpose of continuing the employee status of an individual whose performance record warrants it and who requests such leave for sufficient cause. Reemployment following special leaves is subject to a thirty (30) day availability period at the end of the leave. The availability period rule will commence thirty (30) calendar days prior to the end of the leave. During the availability period, the campus human resources office will make arrangements to return the employee to the department and position from which leave was granted, or to place the employee in another position in accordance with the employee's seniority rights. The employee shall report to duty upon ten (10) working days notice from the campus human resources office. A request for special leave shall be in writing and must be approved by the campus human resources office. The date for termination of the leave must allow for a thirty (30) day availability period. Special Leave will only be applied in cases where protected leave under the Family Medical Leave Act ("FMLA") is not applicable.

TO BE COMPLETED BY EMPLOYEE

Employee Name: _____ UIN: _____

Dept./Unit: _____ Office Phone: _____

Title: _____

REASON FOR LEAVE (USE ADDITIONAL PAPER IF NECESSARY)

EXPECTED DURATION

LEAVE WILL BE TAKEN AS (check one):

_____ a block of time from _____ to _____
(month/day/year) (month/day/year)

I have reviewed "Policy and Rules 11.06 – Special Leaves" and understand all my rights and obligations under this policy.

Employee Signature

Date

TO BE COMPLETED BY DEPARTMENT

Based on the information above, is the employee recommended for Special Leave? Yes No

If no, state reason. _____

Will the position remain open? Yes No

Please sign below to indicate your review of this Special Leave request.

Authorized Departmental/Unit Name

Authorized Departmental/Unit Signature

Date

Date forwarded to Chief Administrative Officer for UI Health

TO BE COMPLETED BY CHIEF ADMINISTRATIVE OFFICER FOR UI HEALTH

Based on the information above, is the employee granted Special Leave? Yes No

Please sign below to indicate your review of this Special Leave request.

Chief Administrative Officer for UI Health Signature

Date

Date returned to department