



Date of Request	
Applicant's First and Last Name	
College/Unit	
Department	
Email Address	
Campus Phone Number	
Phone Number while on LWOP	
Email Address while on LWOP	
Mailing Address while on LWOP (Street, City, State, Zip)	

**Type of Leave of Absence Without Pay requested:**

Professional       Personal

**Period requested:**

Start and ending dates for semesters and academic years are those covered by the official university calendar for faculty: <https://www.cpp.edu/academicplanning/academic-calendar/index.shtml>

Full Academic Year: AY 20\_\_\_/20\_\_\_

One semester:  Fall Semester 20\_\_\_or  Spring Semester 20 \_\_\_

Other period:

Is this a request for an extension of a previously approved LWOP?  Yes  No

**Time base for LWOP requested:**

Full  Partial (indicate %)      %

**List all leaves in the past five years:**

(Include Sabbatical Leave, Difference in Pay Leave, or Personal or Professional LWOP)

Terms/dates covered	Type of Leave

**Current Faculty Employment Status:**

Tenured    Probationary    Assistant Professor    Associate Professor    Professor

Temporary Part-Time    Temporary Full-Time

Temporary on a 3-year appointment?    Yes    No

**Probationary Tenure-Track Faculty:**

**Probationary faculty** employees may request an extension of their probationary period pursuant to Provision 13.7-8 of the faculty CBA for the following types of unpaid leave:

- Personal Leaves of any duration
- Professional Leaves of less than one year, or more than two years

Such a request is subject to the recommendations of the department tenured faculty (professional leave requests), department head/chair, dean, and approval of the Provost. This option is limited to a one year extension of probationary period per year of applicable leave.

Probationary faculty must select one IF requesting personal leave (any duration) or professional leave of more than one year:

1.  I DO NOT want the AY in which unpaid leave is taken to count toward tenure. I hereby request an extension of my probationary period for a period of one year. I will not be subject to a periodic or performance evaluation during the period of leave. I understand that my request is subject to the recommendations of my department head/chair and dean, approval of the Provost, and once approved, cannot be revoked. If approved, the approval and any conditions of this extension will be communicated to me via memorandum from the Dean and/or Provost.
2.  I DO want the AY in which unpaid leave is taken to count toward tenure. I will be scheduled for annual performance evaluation (as appropriate) which may fall within the period of requested unpaid leave, and will be expected to submit my Working Personnel Action File by the established deadline.

**Please explain purpose of the leave. A *personal leave of absence without pay* may be for purposes of unpaid sick leave, outside employment, parental, family care leave, or other purposes of a personal nature (CBA, 22.8). A *professional leave of absence without pay* may be for purposes of research, advanced study, professional development, or other purposes of benefit to the campus (CBA, 22.24).**

*If you are applying for a professional leave, please explain in detail how the leave, if approved, would benefit the University.*

**Cont. Purpose of the Leave**

Employee Signature

Date

**Department Chair's Recommendation:** In arriving at his/her recommendation, the department chair will consult with the tenured members of the department/unit and the results of such consultation will be presented in writing to accompany the recommendation. (University Policy #1381)

**For temporary faculty only**, list the term, courses, and WTU assigned to the applicant during the period covered by the requested LWOP. *The leave of absence of a temporary faculty unit employee eligible for such leave pursuant to this Article shall terminate upon the expiration of that employee's temporary appointment. (CBA, 22.27)*

*Faculty who replace the temporary faculty member during the leave period will not accrue rights under provisions 12.3, 12.7, 12.9, 12.10, 12.12, and 12.13 for work performed as a replacement for the temporary faculty employee on leave. (CBA, 22.2)*

Semester	Course prefix, number, name	WTU

Print Name/Department Chair	Signature	Date
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**Dean/Director's Recommendation:**

Print Name/Dean	Signature	Date
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**Provost's Decision:**

Approved

Not Approved

S. Terri Gomez, Ph.D.  
Provost and Vice President for  
Academic Affairs

Signature

Date

**Submission Process:**

1. Faculty completes this form electronically and submits via email to department chair for consideration.
2. Department Chair conducts consultation with tenured faculty in the department (Policy #1381).
3. Department Chair completes corresponding section of the form and forwards recommendation to the Dean.
4. Dean completes corresponding section of the form and forwards recommendation to the Provost via Diane Gonzalez (dianeg@cpp.edu) with a copy to Mary Jane Wade (mjawade@cpp.edu).
5. The Office of Faculty Affairs provides written response on Provost's decision via email to the applicant.