

## **BOWLING GREEN STATE UNIVERSITY**

### **Short Term Leave Without Pay Request For Administrative Staff**

#### **INSTRUCTIONS**

The Short Term Leave Without Pay Policy allows full and part-time administrative staff members the opportunity to voluntarily request UNPAID leaves of absence anytime during the fiscal year subject to the following:

- Leave may occur over a period of weeks, months, monthly or a reduced work schedule. Leave and/or reduced work schedule may not exceed a total of three months in a 12 month period.
- The immediate supervisor and the Dean, Director or area head must approve all leaves. To request a leave of absence, the staff member must complete a Short Term Leave Request and forward to the Office of Human Resources.
- No approval will be given to the hiring of temporary/part-time help to fill in for the temporary vacancies created by this leave. The staff member's absence must not interfere or impede University operations. Employees on short term leave should be available to return to their assignment in the event of unforeseen emergencies.
- Employees will continue to receive paid regular medical, dental, and life insurance benefits. Employees are responsible for paying applicable insurance premiums.
- Vacation and sick leave will accrue for time in active pay status.
- Participants will receive PERS retirement credit if earnings are a minimum of \$250 a month.
- The status of full-time and part-time staff members remains the same.
- Short term leave without pay can be used in sequence with vacation.
- The administrative staff member may terminate the short term leave at his/her initiative at anytime.
- For leaves greater than three months in a 12 month period, the employee must assume the total premium cost for insurance benefits for the remaining months of leave. For further guidance, refer to the leave of absence policy in the Administrative Staff Handbook.

To process, complete the following form; obtain appropriate signatures, and forward to the Office of Human Resources.

**SHORT TERM LEAVE WITHOUT PAY REQUEST FOR  
ADMINISTRATIVE STAFF**

Fiscal Year \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Department \_\_\_\_\_ BGSU ID# \_\_\_\_\_

Title \_\_\_\_\_ Campus Phone \_\_\_\_\_

Current FTE \_\_\_\_\_ Proposed FTE \_\_\_\_\_

Total short term leave requested \_\_\_\_\_

From: Month, Day \_\_\_\_\_ Time \_\_\_\_\_ To: Month, Day \_\_\_\_\_ Time \_\_\_\_\_

Indicate the hours of leave for each day of the week for the period of time listed above

|        |        |         |           |          |        |          |
|--------|--------|---------|-----------|----------|--------|----------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|

|       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|-------|-------|

I voluntarily request leave **without pay** for the hours and dates mentioned above and in accordance with the stipulations of the Short Term Leave Policy for Administrative Staff.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by Immediate Supervisor/Manager or Director

\_\_\_\_\_ Approved (position not to be filled with temporary, part-time, or student help during leave period)

\_\_\_\_\_ Disapproved for the following reason(s): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by Provost, Vice President or Dean

\_\_\_\_\_ Approved (position not to be filled with temporary, part-time, or student help during leave period)

\_\_\_\_\_ Disapproved for the following reason(s): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by the Office of Human Resources

Recorded by \_\_\_\_\_