MEDICAL LEAVE OF ABSENCE - FACULTY

NAME: **RANK:** **SMU ID:**

DEPARTMENT/DIVISION: **SCHOOL: Dedman College**

LEAVE TO BEGIN *Month Day Year* **LEAVE TO END** *Month Day Year*

Attach to this form: Current Vita, Purpose of the Leave, and if appropriate, Description of Activity to be undertaken.

Check the benefits below which you want in force while you are on leave. **All other benefits will be suspended during your leave.** If you are unsure which benefits you currently have, please check with the Benefits Office. This must be accurate. It is the only form of communication which the Benefits Office will have to initiate action on your behalf..

- ☐ Comprehensive Medical and Surgical Policy
- ☐ Group Life Insurance
- ☐ Group Accident Insurance
- ☐ Tax Shelter Annuity
- ☐ Cancer Insurance
- ☐ Dental
- ☐ Retirement*
- ☐ Other (list)

Any change in status (i.e., faculty member to pay full premium, etc.)

Address during leave to forward letters and documents that require attention:

Provide leave application history (i.e, semester, year, normal or special, whether leave was approved or denied).

To be completed by Department/Division Head and/or Dean:

Leave to be without salary* ☐

Provide specific details:

Will leave period affect tenure clock. Yes ☐ No ☐

If yes, please initial your acknowledgment that your tenure clock has been extended one year.

PLEASE NOTE:** *Federal regulations prohibit the University from contributing and receiving contributions to retirement plans of a faculty member whose leave is* ***without *pay, unless the University will be administering payment of a grant to the faculty member while on leave.*

_____

Signature of Applicant *Date*

APPROVED:

Department/Division Head: _____

Date

Dean: _____

Date

Provost: _____

Date