



SAN DIEGO STATE UNIVERSITY

PROBATIONARY AND TENURED FACULTY LEAVE OF ABSENCE WITHOUT PAY (LWOP) FORM

Personal Leave of Absence without Pay: CBA Article 22.8 – A personal leave without pay may be for purposes of unpaid sick leave, outside employment, parental, family leave care, or other purposes of a personal nature. Faculty unit employees on a personal leave without pay shall not accrue service credit toward sabbatical eligibility, difference in pay eligibility, or seniority except as provided in provisions 22.22 and 22.23.

Professional Leave of Absence without Pay: CBA Article 22.24-22.25: 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. Such leaves shall be considered totally voluntary, and for the purpose of workers compensation, the time involved shall not be considered time worked. A faculty unit employee on a leave of absence without pay for professional purposes shall, when otherwise eligible, accrue service credit toward sabbatical and difference in pay eligibility (maximum of one year per sabbatical eligibility period), service salary increase eligibility (maximum of one year per leave of absence without pay and extensions thereof) and seniority.

Table with 4 columns: Leave less than one (1) academic year\*, One (1) academic year leave\*\*, Two (2) or more academic year leave\*\*, and rows for Personal Leave and Professional Leave.

\*Request due no later than 30 days prior to the 1st day of the semester you will return.
\*\*Request due no later than the 1st day of leave of absence.

Section A: APPLICANT INFORMATION

Name of Applicant: Last Name First Name M.I.

Red ID: Rank or Title:

College: Department/School:

I have contacted SDSU's Benefits Services at 619-594-1144 to inquire about how my health benefits may be impacted.

I understand that this document will be placed in my Personnel Action File five (5) days after it is received by the Office of Faculty Advancement.

**Section B: LEAVE REQUEST**

**Leave Type:**

**Leave Effective:**

*Please indicate the term, year, and time-base of your leave.*

Personal

Fall \_\_\_\_\_

Full-time (1.0)

Professional

Spring \_\_\_\_\_

Half-time (0.50)

Academic Year \_\_\_\_\_ - \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**Leave Purpose:**

\_\_\_\_\_  
(initial here) **For Probationary Faculty:** I am requesting a one year extension of my probationary period/ “stopping the clock.”

\_\_\_\_\_  
(initial here) **For Probationary Faculty:** I am requesting to be excused from undergoing a periodic evaluation during my leave.

\_\_\_\_\_  
(initial here) **For Tenured Faculty:** I am requesting a one (1) year postponement for a periodic evaluation/post-tenure review.

\_\_\_\_\_  
**Applicant’s Signature**

\_\_\_\_\_  
**Date**

**Section C: APPROVAL SIGNATURES**

**Leave Approval:**

Yes    No\*

\_\_\_\_\_  
**Department Chair/School Director (print) Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Dean of the College (print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*\*If not approved, a written justification must be provided to the Associate Vice President for Faculty Advancement.*

***Dean’s Office to submit completed form (with signatures) to the Associate Vice President for Faculty Advancement.***