



**TEMPORARY 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.

**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.  
(initial here)

\_\_\_\_\_ I understand that this document will be placed in my Personnel Action File five (5) days after it is received.  
(initial here)

**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:**

\_\_\_\_\_ I am eligible for or hold a three-year appointment and request a cumulative periodic evaluation  
(initial here) postponement.

\_\_\_\_\_ I am requesting to be excused from my annual periodic evaluation.  
(initial here)

\_\_\_\_\_  
**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 copies of completed form and approval letter to:***

***Associate Vice President for Faculty Advancement  
Isidro Cervantes, The Center for Human Resources  
Devon Caturay, The Center for Human Resources***