

# UNIVERSITY OF ILLINOIS AT CHICAGO

## SPECIAL LEAVE FORM

Special leave without pay may be granted for the purpose of continuing the employee status of an individual whose performance record warrants it and who requests such leave for sufficient cause. Reemployment following special leaves is subject to a thirty (30) day availability period at the end of the leave. The availability period rule will commence thirty (30) calendar days prior to the end of the leave. During the availability period, the campus human resources office will make arrangements to return the employee to the department and position from which leave was granted, or to place the employee in another position in accordance with the employee's seniority rights. The employee shall report to duty upon ten (10) working days notice from the campus human resources office. A request for special leave shall be in writing and must be approved by the campus human resources office. The date for termination of the leave must allow for a thirty (30) day availability period.

TO BE COMPLETED BY EMPLOYEE	
Employee Name: _____	UIN: _____
Dept./Unit: _____	Office Phone: _____
Title: _____	
<i>REASON FOR LEAVE (USE ADDITIONAL PAPER IF NECESSARY)</i>	
<i>EXPECTED DURATION</i>	
<b>LEAVE WILL BE TAKEN AS (check one):</b>	
_____ a block of time from _____ to _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span><i>(month/day/year)</i></span> <span><i>(month/day/year)</i></span> </div>	
I have reviewed " <u>Policy and Rules 11.06 – Special Leaves</u> " and understand all my rights and obligations under this policy.	
_____ Employee Signature	_____ Date

**TO BE COMPLETED BY DEPARTMENT**

**Based on the information above, is the employee recommended for Special Leave?      Yes      No**

If no, state reason. \_\_\_\_\_  
\_\_\_\_\_

**Will the position remain open?      Yes      No**

**Please sign below to indicate your review of this Special Leave request.**

\_\_\_\_\_  
Authorized Departmental/Unit Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date forwarded to Assistant Vice President of Human Resources

**TO BE COMPLETED BY ASSISTANT VICE PRESIDENT FOR HUMAN RESOURCES**

**Based on the information above, is the employee granted Special Leave?      Yes      No**

**Please sign below to indicate your review of this Special Leave request.**

\_\_\_\_\_  
Assistant Vice President for Human Resources Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date returned to department