

Professional Leave with Pay Request Form

Overview:

As per the [Other Leaves with Pay Policy \(PER-4.20\)](#), the University of Louisville will grant, whenever possible, a Professional Leave with Pay to employees who meet the below eligibility requirements. A Professional Leave with Pay is not a guaranteed benefit and must be approved by the employee's department and the Vice President of Human Resources.

Eligibility:

The eligible employee must be a Professional Staff/Administrative employee and have continuous employment for 10 years with the university, at an exempt level, or not earlier than five years after return from a previous Professional Leave with Pay. Non-Exempt staff are not eligible for paid professional leave.

For more information, refer to the [Other Leaves with Pay Policy \(PER-4.20\)](#).

Professional Leave with Pay Request Form

A Professional Leave request must be submitted at least three months before the proposed leave is to begin; allowing for two months for department approvals and one month for the Office of Human Resources to review and approve.

The Professional Leave request must explain the employee's plan for Professional Leave including how time on the Professional Leave with Pay will be used, and how fulfillment of the plan is expected to enhance the value of the employee's future contributions to the university. Evaluation of the Professional Leave with Pay request takes into consideration these factors as well as the employee's eligibility.

The Professional Leave request form must be completed by the employee and their immediate supervisor and then submitted to the appropriate Vice President/Dean or Designee for approval. Once approved, the completed form must be submitted to the Office of Human Resources for final review and approval.

Compensation:

The University will pay the employee's full salary for a leave not exceeding three months. Employee Benefits will continue during the Professional Leave with Pay. The Professional Leave with Pay will not constitute a break in service. The employee will continue to accrue vacation and sick leave at their regular accrual rate.

Professional Leave with Pay Request Form

Employee Information		
Employee Name	Employee ID#	University Email
Department Name	Supervisor Name	Supervisor Email

Professional Leave Plan		
(Attach only one additional page, as needed.)		
Length of Leave Requested: <input type="radio"/> 1 month <input type="radio"/> 2 months <input type="radio"/> 3 months	Expected Begin Date	
	Expected Return Date	
In one to two sentences, describe the anticipated goal for the Professional Leave.		
Describe the activities that you will participate in on leave.		
List the expected outcomes and explain how these outcomes will enhance your future contributions to your department and the university.		
Provide a high-level timeline outlining how your outcomes will be implemented in your work within 6 months after your return from Professional Leave.		

Employee Acknowledgements & Signature		
Upon completion of the approved Professional Leave, I agree to return to work at the University of Louisville for at least a 3-month period. If I do not successfully return to work and complete the 3-month period, I am obligated to repay the University of Louisville all remuneration I received from the University of Louisville during the period of leave.		
Employee Signature	Employee Name (printed)	Date of Signature

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Department Plan (completed by the immediate supervisor)	
If Professional Leave is granted, how will the employee's duties and responsibilities be distributed during the leave? (Attach one additional page as needed.)	
Will it be necessary to employ a temporary employee during the time of leave? <input type="radio"/> Yes* <input type="radio"/> No	If yes, what additional department expenditures will be required? \$_____ /month

Department Approvals

Complete the appropriate box below, sign, and advance to appropriate recipient.

- If approved and signed, you acknowledge and endorse the employee's request for Professional Leave with Pay and confirm that it is your expectation that the employee will return to their position at the University of Louisville upon completion of the leave for at least a 3-month period.
- If denied at any point, provide a justification for the denial in the designated space.

<i>Immediate Supervisor</i>		
<input type="radio"/> Approved	<input type="radio"/> Denied*	*Justification for Denial:
Supervisor Signature	Supervisor Name (printed)	Date of Signature

<i>Vice President/Dean or Designee</i>		
<input type="radio"/> Approved	<input type="radio"/> Denied*	*Justification for Denial:
Signature	Name (printed)	Date of Signature

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Submission

Please send the completed form to the Office of Human Resources for final approval. If approved, Human Resources will return the final copy of the request to the department and requesting employee. Please allow 30 days from the expected start of leave for a final review.

If additional information is necessary, a Human Resources Business Partner (HRBP) will be in contact with the Immediate Supervisor and VP/Dean/Designee.

University of Louisville Human Resources Office Cardinal Station 215 Central Ave. Ste. #205 Louisville, KY 40208	Phone: 502-852-6258 Fax: 502-852-5665 Email: askhr@louisville.edu
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Human Resources Approvals

<i>Request Review</i>			
Does the employee meet the eligibility requirements for Professional Leave?			
<input type="radio"/> Yes	<input type="radio"/> No*	*Justification:	
Does the Professional Leave Plan express how the professional leave fits within the larger context of the employee's career, the goals of the university, and clearly shows how the leave will impact the staff member's future contributions to the university?			
<input type="radio"/> Yes	<input type="radio"/> No*	*Justification:	
Are the defined outcomes clear, measurable, and lead to the success of the development plan. Outcomes should be described for the employee and university, as appropriate?			
<input type="radio"/> Yes	<input type="radio"/> No*	*Justification:	
Last Day of Work	First Day of Leave	Last Day of Leave	First Day Back at Work
HRBP Signature		HRBP Name (printed)	Date of Signature

<i>Vice President of Human Resources</i>		
<input type="radio"/> Approved	<input type="radio"/> Denied*	*Justification for Denial:
Signature	Name (printed)	Date of Signature