

Instructions for Applying for Professional Leave with Pay

(THIS PROCEDURE AND FORM APPLY TO UW PROFESSIONAL STAFF AND ELIGIBLE CONTRACT COVERED EMPLOYEES)

Overview and Routing

Unless the applicable collective bargaining agreement (CBA) says otherwise, application for Professional Leave With Pay should be submitted at least six months before the proposed leave is to begin. Supporting letters are not required, but may be submitted from individuals either within or outside the University.

The application must explain the individual's plan for professional leave including how the time on professional leave with pay will be used, and how fulfillment of the plan is expected to enhance the value of the individual's service to the University. Evaluation of the professional leave with pay request takes these factors into consideration as well as the applicant's ability to fulfill the plan that is described.

The Application for Professional Leave form is prepared by the applicant and the immediate supervisor and/or administrator, and then transmitted to the department head and the appropriate Dean or Vice President for approval. The completed form is sent to the HR Operations Office serving the employees unit for final review and approval.

Eligibility

A professional staff employee is eligible to apply for a professional leave not earlier than their seventh year of professional staff service to the University, or not earlier than in the seventh year after return from a previous UW Professional Leave With Pay. Refer to the [Professional Leave webpage](#) for additional information.

Eligible contract covered employees should refer to their respective [CBAs](#) for eligibility requirements.

Compensation

The University will provide salary support for the period of the leave as follows:

1. Full salary for a leave not exceeding three months;
2. Three-fourths salary for a leave greater than three months up to six months;
3. Two-thirds salary for a leave exceeding six months to nine months.

If the applicant secures grant support that is designated for salary, the funds can be applied to bring the employee's pay up to full salary during the leave. Any grant funds in excess of those necessary to achieve full salary payment are used to reduce the University's contribution from other fund sources.

Except in unusual circumstances, the combined compensation for an individual on professional leave may not exceed the individual's regular salary. If the leave will be spent in a particularly high cost-of-living area, or where the work to be performed requires extraordinary expense, the HR Operations Office serving the unit may approve a combined salary that exceeds the employee's regular salary.

Identification

Applicant Name		Job Title		Employee ID Number	
Unit or Department Name	Employee ID Number	Phone	Email		

Professional Leave Plan

Describe the anticipated leave activities, goals, outcomes, and how it will enhance your future contributions to your unit and the University. Use attachments if additional space is needed:

Duration of Requested Leave From: To:	Location where leave will be spent (include address, if available):
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Financial support from outside (Indicate amount and source of support): \$ /month Source:	Financial support expected/requested from the UW: \$ /month
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Upon completion of approved professional leave, I agree to return to and work for the University of Washington for a period at least equal to the length of the leave. I understand that pursuant to RCW 288.10.650, if I do not comply with this agreement, I am obligated to repay to the UW all remuneration I received from the UW during the period of the leave.

Professional Staff only: I acknowledge that under the Professional Staff program, professional staff employees serve solely at the will of the employing official and that nothing in this document or any future oral communications is intended to change the terms and conditions of my employment. Additionally, nothing in this document is to be construed as a contract or guarantee of continued employment.

(Applicant Signature) (Date)

Leave Support and Manager Approval

Applicant Job Code	Annual Salary \$ /yr	% FTE %	Service Period (e.g., 12 mos) <input type="checkbox"/> 12mo; <input type="checkbox"/> 10mo; <input type="checkbox"/> 9mo; <input type="checkbox"/> Other	Position Number
Cost Center(s)	Company		Driver Worktag or Resource/Fund	

If Professional Leave With Pay is granted, how will the applicant's duties and responsibilities be distributed during the leave?

Will it be necessary to employ a temporary replacement?

Yes No

If yes, what additional departmental expenditures will be required?

\$ _____ /mo Not Required

I endorse the applicant's request for Professional Leave With Pay and confirm that it is my expectation that the applicant will return to their UW position upon completion of the leave for a period that is at least equivalent to the duration of the p leave.

(Signature of Immediate Manager)

(Please Print Name)

(Date)

Administrative Approval

HR Partner: Approved: Yes No

(Signature) (Date)

Dean, Chancellor or Vice President: Approved: Yes No

(Signature) (Date)

Please send the completed form to the HR Operations office that serves the employing unit for final approval review. If approved, Human Resources will transmit a final copy of the approved application to the department and requesting employee.

HR Operations Offices

Campus HR Operations
Roosevelt Commons West
Box 354963
4300 Roosevelt Way NE
Seattle, WA 98195-4963

Phone: 206-543-2354
Fax: 206-685-0636

UW Medical Center
UWMC BB150
Box 356054
1959 NE Pacific St
Seattle, WA 98195-6054

Phone: 206-598-6116
Fax: 206-598-4610

Harborview Medical Center
Pat Steel Building
Box 359715
325 Ninth Ave
Seattle, WA 98195-9715

Phone: 206-744-9220
Fax: 206-744-9955

Human Resources: Approved: Yes No

(Signature)

(Date)