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Policies and Procedures - Request for Leave Without Pay For Faculty Members

Leave of absence without pay may be granted for good cause on the recommendation to the President by the department chair, the dean of the school or college concerned, and the Provost under circumstances wherein the best interest of the college will be served. Such leave is granted for a maximum continuous period of one year, unless special permission is granted by the President for an extension. If a faculty member fails to return after the period for which leave is granted, the appointment is terminated. The authorization of leave without pay is a matter of administrative discretion and may be considered in the following cases:

1. absence due to service in the armed forces;
2. extended absence in the interest of The Citadel, such as advanced academic training, research, or experiences which lead to increased competence and promote the interest of the college as well as the faculty member;
3. necessary absences for personal reasons up to a maximum of 90 days, when such absences extend beyond available sick/annual leave;
4. for an extended period of disability due to illness, injury or maternity which exceeds the amount of accrued sick and/or annual leave. The duration of leave without pay and paid sick or annual leave shall not exceed 180 days. In extenuating circumstances, the President, at his/her discretion, may extend the period of leave up to a total of 365 days. For more detailed information, consult the Policies and Procedures Manual.

Annual leave and sick leave do not accrue during periods of leave without pay, but accumulated totals are not forfeited. Before starting leave faculty members should contact the Benefits manager in Human Resources for information on the continuation of retirement credit, insurance plans, and other employee benefits during the period of leave.

Name of Faculty Member _____

Department/College _____

Academic Rank _____

Tenure _____

Date of Appointment _____

Leave Request Beginning Date _____ Ending Date: _____

Reason for Request and Description of Leave Activities

1. I have read the statements on leave without pay in **The Citadel Policies and Procedures Manual**. I understand the conditions and requirements.

(Signature) (Date)

2. Department Chair's approval/nonapproval.

(Signature) (Date)

Supporting Comments:

3. Dean's approval/nonapproval.

(Signature) (Date)

Supporting Comments:

4. Provost's approval/nonapproval.

(Signature) (Date)

5. President's approval/nonapproval.

(Signature) (Date)