

FACULTY LEAVE WITHOUT PAY (LWOP)

A Faculty Leave Without Pay (LWOP) of up to one year may be granted at the discretion of the provost upon recommendation of the faculty member's supervisor and dean (see University Policy 7620, Time Away from Work, Section 4.8). This excludes medical or FMLA leave, accommodation under the ADA, active military service, state legislature service, or Workers' Compensation. A LWOP is not an entitlement and is not automatically granted. Each request will be reviewed on a case-by-case basis. Leave start and end dates must coincide with the contract pay dates, not contract work dates. Consult the [HR website for employment dates](#).

NOTE: Leave is not granted until the supervisor, dean and provost have all reviewed the form and agreed upon their support. Support from the faculty member's supervisor does not guarantee support from the dean and provost.

Reasons a LWOP request may be denied include but are not limited to:

- the faculty member's performance has been substandard;
- the employee's work cannot be handled by other employees and if funds are not available for the employment of a substitute;
- the faculty member has accepted a regular faculty appointment at another institution;
- it is not in the best interest of the university.

PROCESS:

1. The faculty member completes the faculty member section of the form and submits to their supervisor. (Refer [here](#) or contact the Human Resources' Employee Relations team at hrfmla@boisestate.edu for questions about faculty contract work dates.)
2. The supervisor will review the submitted form, and elect to support or not support the leave. The supervisor should provide justification for their decision in the space allocated.
 - a. If the supervisor does not support the leave, they indicate why on the supervisor section of the form. They sign their section of the form, check "Does Not Support," and return the form to the faculty member.
 - b. If the supervisor supports the leave, they must provide a list of courses the faculty member normally teaches and an explanation of how those courses will be handled in the faculty member's absence, as well as how the faculty member's research/creative activities, service, and/or other responsibilities will be handled. They sign their section of the form, indicate their support, and submit the form to the dean.
3. Once the dean receives the form, they schedule a time to discuss the LWOP with the provost. At this time, they will make a decision jointly about the requested leave.

- a. If the dean and provost do not support the leave, they indicate why, sign their section of the form, check “Does Not Support,” and return the form to the chair and faculty member.
 - b. If the dean and provost support the leave, they sign their section of the form, check “Supports,” and return the form to the chair and faculty member.
 - c. If the dean and provost support the leave *with modifications*, they outline the additional stipulations, sign their section of the form, check “Supports,” and return the form to the faculty member and the faculty member’s supervisor.
4. If the leave is approved, the faculty member completes the faculty member acknowledgment section of the form.
 5. The faculty member forwards the completed form to hrfmla@boisestate.edu for processing.
 6. Human Resources will disburse the final request action to the employee, supervisor, dean and Human Resources (Benefits & Employee Record).
 7. Leading up to the effective date of leave, the Benefits team will contact the faculty member to discuss options for benefits continuation through COBRA during the approved leave.

Please note, this form works best when completed using a PDF reader such as Adobe. Do not complete in your web browser.

FACULTY LEAVE WITHOUT PAY (LWOP) REQUEST FORM

EMPLOYEE: _____ TITLE: _____ EMPLOYEE ID: _____

DEPARTMENT: _____ EXT: _____ MS: _____

DATES OF REQUESTED LEAVE

PROPOSED START OF LEAVE: _____ PROPOSED END OF LEAVE: _____

JUSTIFICATION

(To be completed by faculty member – please address each stipulation):

- There must be a distinct benefit to the institution as well as to the faculty member.
- Instructional and research programs will not be unnecessarily interrupted or impacted, including existing grants, and supervision/mentorship of graduate students and postdocs.
- The faculty member's usual duties will be satisfactorily covered by other faculty or a replacement hire, without any extra cost to Boise State net of salary savings.
- There is a reasonable probability that the faculty member will return to Boise State at the conclusion of the LWOP.
- The LWOP conforms to University Policy 1100 and does not constitute a conflict of interest or commitment.
- A LWOP is generally supported if the experience is beneficial to the faculty member and Boise State University (for example, the faculty member has received an invitation to visit another institution due to an honorary designation (i.e., temporary fellowship like an Oxford fellowship; a temporary appointment related to an NSF grant, etc.)

If approved, I will return for the next academic year or will provide a resignation letter on or before a specific date established by the dean.

Faculty Signature: _____

Date: _____

SUPERVISOR SECTION

If the supervisor supports granting the leave, please include a list of courses the faculty member normally teaches and an explanation of how those courses will be handled in the faculty member's absence, as well as how the faculty member's research/creative activities, service, and/or other responsibilities will be handled.

If the supervisor does not support the leave, please indicate the reasons:

Supports Leave Request:

Does Not Support:

Supervisor Signature:

Date:

DEAN AND PROVOST SECTION

Date of Dean/Provost discussion about LWOP:

Comments:

Additional Stipulations

Supports Leave Request:

Does Not Support:

Dean Signature:

Date:

Supports Leave Request:

Does Not Support:

Provost Signature:

Date:

FACULTY MEMBER ACKNOWLEDGEMENT

(To be signed after Dean/Provost approval)

I acknowledge the additional stipulations from my dean and the provost (if applicable).

Additionally, I acknowledge that during the time I am on leave without pay:

- I will not be able to receive supplemental pay while on LWOP;
- I will not be eligible to receive CEC or other salary adjustments during the period I am on LWOP;
- I will not receive annual performance evaluations during the LWOP;
- The LWOP will be for a maximum of one year;
- Requests for renewal of the LWOP must be submitted 30 days prior to the end of the current leave period;
- I will notify the department of my intention to return or seek renewal by the agreed-upon date, or I will be considered to have resigned from my position at Boise State University.

Faculty Signature:

Date: