

Non-Sabbatical Leave of Absence Checklist

Name: _____ Department: _____

Type of leave: Research _____ Graduate Study _____
Temporary position _____ Medical _____ Other _____

Date of leave: _____

Written request on file: _____ Chairperson's approval on file: _____

Benefit information:

1. Does the leave count toward tenure?
2. Does the leave count toward sabbatical?
3. Does the leave count toward 10 and 25 years of service and early retirement?
4. Does the leave affect the reappointment schedule? If so, how?
5. Does the leave recipient qualify for continuation of benefits?
 - a. Medical insurance
 - b. Life insurance
 - c. Disability insurance
6. Who will pay the following (give amounts when possible)?

| | Calvin | Other agency/inst. |
|---------------------------|--------|--------------------|
| a. Salary | _____ | _____ |
| b. Stipend | _____ | _____ |
| c. Pension | _____ | _____ |
| d. Social Security | _____ | _____ |
| e. Unemployment insurance | _____ | _____ |
| f. Workers' compensation | _____ | _____ |
| g. Other (moving, etc.) | _____ | _____ |
| TOTAL | _____ | _____ |

If Calvin will be reimbursed by another institution or agency, or if there are unusual financial arrangements required which are not covered by this form, please explain in detail on the reverse.

7. If the recipient needs office space on campus, indicate dates:
8. Is a report required upon return?
9. Approval by Provost (date): _____
10. Approval by President (date): _____
11. Inform PSC (date): _____
12. Academic Dean writes approval letter to recipient, with complete details regarding benefits. Copy of letter sent to Human Resources, D. Anema.
13. Recipient submits report (if required) on leave (date):
14. Report (if required) acknowledged by Academic Dean (date):