

**University of Central Arkansas
Full-time Faculty Sick Leave Program**

The University of Central Arkansas Board of Trustees Policy 529 allows for up to six-months of paid sick leave for full-time continuing faculty during the Academic Year.

In accordance with the Faculty Handbook, Section VII: *“A collegial approach is followed in the case of illness of a nine-month faculty member. When illness occurs, faculty members are expected to notify the department chair so that appropriate arrangements may be made for class meetings and any other obligations for which the faculty member may have made a commitment. As needed, colleagues are asked to assume class responsibilities. Sick leave will be limited to six consecutive months leave with pay. Leave without pay may be granted at the discretion of the university president upon recommendation of the provost.”*

INSTRUCTIONS: Complete this form to apply for up to six (6) months paid sick leave time. After completion of this form, with all appropriate signatures, present this form to the Department of Human Resources. **When submitting to Human Resources, attach to this form all the Physician’s Certification for Sick Leave as documentation of the medical leave need. To protect your medical information, do not attach medical documentation prior to submission to Human Resources.** Upon recommendation from Human Resources, the Provost, or their designee, will approve or deny the request for medical leave.

Note: Approval of leave does not guarantee the applicant will receive six full months of sick leave.

PART I – APPLICATION AND CERTIFICATION (to be completed by the employee or designee on their behalf)

| | | | |
|------------------------------------|--|----------------|----------------------|
| Name (Last, First, Middle Initial) | UCA ID Number (NOT social security number) B | Position Title | Requested Start Date |
| College and Department | Work Phone # | Home Phone # | Requested End Date |

PART II – Notification of Department Chair/Director

| | | |
|------------|----------------|--------------------|
| Print Name | Position Title | Signature and Date |
| | | |

PART III – Notification of College Dean

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|------------|----------------|--------------------|
| Print Name | Position Title | Signature and Date |
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PART IV – Submission to Human Resources (*Attach medical documentation at this point*)

| | | |
|----------------------------------|--------------------------------|---|
| Date Received in Human Resources | Medical documentation attached | Employee (or designee) given FMLA paperwork and information |
| | Yes _____ No _____ | Yes _____ No _____ |

| | |
|--|--|
| <i>The below information is to be completed by Human Resources</i> | |
| Date of Hire: _____ | Anticipated/Actual Duration of Illness/Injury Start date: _____ End date: _____ |
| Will this span academic semesters? | Yes _____ No _____ |

PART V – Approval or Denial of request

| Human Resources | Dates approved | Title | Signature | Date |
|-----------------|----------------------|-------|-----------|------|
| Approved? | Start date: _____ | | | |
| Yes | End date: _____ | | | |
| No* | | | | |

| Academic Affairs | Dates approved | Title | Signature | Date |
|------------------|----------------------|-------|-----------|------|
| Approved? | Start date: _____ | | | |
| Yes | End date: _____ | | | |
| No* | | | | |

*If no, attach documentation for rationale of denial