

APPLICATION FOR MEDICAL LEAVE WITHOUT PAY

Date of Request _____

Name _____

Position _____

Dates of Last Leave Without Pay _____

Dates of Requested Leave Without Pay _____
Semester(s) and Year _____

I formally request a medical leave without pay for the period indicated above. I have read the leave policies of The Metropolitan State University of Denver and agree to abide by those policies. A statement from my doctor is attached as well as the conditions of employment upon return.

Signature of Applicant

	(Recommend)	(Not recommended)	
I	<input type="checkbox"/>	<input type="checkbox"/>	approval of applicant's request for leave.

Signature of Department Chair

	(Recommend)	(Not recommended)	
I	<input type="checkbox"/>	<input type="checkbox"/>	approval of applicant's request for leave.

Signature of Academic Dean

	(Recommend)	(Not recommended)	
I	<input type="checkbox"/>	<input type="checkbox"/>	approval of applicant's request for leave.

Signature of Vice President
for Academic Affairs

	(Recommend)	(Not recommended)	
I	<input type="checkbox"/>	<input type="checkbox"/>	approval of applicant's request for leave.

Signature of President

FORMAT FOR MEDICAL LEAVE WITHOUT PAY REQUEST

Request for medical leave without pay should be submitted in a single copy through the department chair or director and the dean to the appropriate vice president. There is no printed form except for the application form. The narrative should be typed on plain paper and should follow the format below.

I. Employee Statement.

A Statement by the employee that he or she is unable to perform the essential functions of his or her job because of a medical condition or course of treatment, with or without reasonable accommodations other than unpaid leave.

I have attached my statement explaining why I believe unpaid leave would be a reasonable accommodation of my condition, my statement concerning conditions of employment on my return to work, and a physician's statement as required.

II. Conditions of Employment upon return.

Conditions for employment to be in effect upon return from leave without pay must be agreed to in writing in advance of the leave by the individual and the University.

At a minimum, the conditions must state the following:

1. Position Title or rank upon return
2. Salary considerations upon return
3. Evaluation criteria and procedure
4. Accommodations that may be necessary for the employee to return to work.

III. Physician Statement – to be attached that:

Describes the medical diagnosis of the employee's condition;

States whether the condition is permanent or temporary, and if temporary the anticipated date the employee will be able to return to work;

Describes the symptoms of the condition, the treatment, and the limits the symptoms and/or the treatment place on the employee's ability to work and perform other major life activities;

Demonstrates that the employee is, at the time of application, unable to perform the essential functions of his or her position with or without reasonable accommodations other than leave; and,

Demonstrates that the employee is likely to be able to perform the essential functions of his or her job at the end of the period of leave, with or without a specified reasonable accommodation.