

Application for Leave Without Pay

Before completing this application, you should read and understand the terms of Article 27.3.7 (Leave Without Pay) of the UMass [MSP Collective Bargaining Agreement \(CBA\)](#) and the [UMass policy on outside activities](#).

Section 1: General Information

Name: _____ Tenure Decision Year
(if applicable): _____

Department: _____

School/College: _____ Date of First UMass
Appointment: _____

Rank/Title: _____

Appointment Type: _____

Section 2: Application for Leave Without Pay

1. What is the purpose of this leave without pay?

2. Will you be employed outside UMass during your leave?

If yes, where?

If yes, have you received prior approval by your department head/chair for such outside activity as required by UMass policy?

3. Proposed leave start date: _____ End date: _____

4. We strongly urge you to contact HR Benefits (413-545-6115) before you submit this application. They can explain the impact that this leave without pay (LWOP) will have on your benefits. While on a LWOP for non-medical reasons, GIC will invoice you at home for 100% of the premium and expect you to make direct payment. If you will have medical benefits with another employer during your leave and wish to terminate your GIC coverage, you must request this change within 60 days of having established coverage under another plan. Forms & proof of the effective date of the other coverage are required. If you've terminated your coverage with GIC and then return to work after the end of your leave, you will also be required to provide proof of involuntary loss of coverage and an enrollment from to reinstate your health coverage with the GIC.

Signature _____

Date _____

Section 3: Review by the Department Head/Chair

1. Name of the Head/Chair
2. Does the Head/Chair endorse this application?
3. How will this leave affect the department's curriculum and functions?

Signature

Date

Section 4: Review by the Dean

1. Name of the Dean
2. Does the Dean endorse this application?
3. Comments:

Signature

Date

Section 4: Review by the Provost

1. Does the Provost endorse this application?
2. Comments:

Signature

Date