

**CLEMSON UNIVERSITY**  
**REQUEST FOR EXTENDED LEAVE OF ABSENCE WITHOUT PAY**

EMPLOYEE'S NAME \_\_\_\_\_ CU ID# \_\_\_\_\_

DEPARTMENT NUMBER \_\_\_\_\_ DEPARTMENT NAME \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

LEAVE BEGINNING \_\_\_\_\_ ENDING \_\_\_\_\_

PURPOSE OF LEAVE (Check one and describe below).

Disability/Personal Illness\*                       Personal – Family Illness\*                       Military  
 Worker's Compensation\*                       Personal - Educational                       Other

DESCRIBE \_\_\_\_\_

\*A Family Medical Leave Act Request Form must be completed for leave taken for disability/personal illness; for worker's compensation; for childbirth, adoption, or placement of a foster child; or for personal leave for the care of a seriously ill family member (parent, spouse, or child of employee).

**CONDITIONS**

It is understood and agreed that this leave is requested and granted:

1. In good faith with the full intention that I will resume my duties with the University at the expiration of the leave unless prevented by financial or other conditions which in the judgment of the University administration would not justify my return.
2. For the period of time specified, but may be renewed for reasons satisfactory to the University administration. (See Policy Instructions on back of form.)

**BENEFIT CONDITIONS**

**INSURANCE:** Voluntary contribution programs may be continued while on an approved leave without pay. These programs could include the State Health and Dental Insurance program or HMO, Travelers, AFLAC, Optional State Life, Dependent Life, Supplemental Long Term Disability Plan, and Long Term Care. **Failure to pay insurance premiums while on leave without pay will result in cancellation of insurance coverage. Also, if within 5 years of retirement, leave without pay could affect eligibility for medical insurance at retirement.** For information or assistance, contact an Insurance Counselor at 656-2713.

**STATE RETIREMENT:** The South Carolina Retirement System allows contributions to be made to establish credit for periods of employer-approved leave without pay. See State Retirement Contributions instructions on back of form. **If you wish to establish service credit for this period of leave without pay, please check below.** Optional Retirement Program (ORP) participants are not permitted to contribute while on leave without pay. For information or assistance, contact a Retirement Counselor at 656-4678 or 656-7087.

I wish to contribute to the South Carolina Retirement System during my absence.

I do not wish to contribute to the South Carolina Retirement System during my absence.

EMPLOYEE \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_

DEAN \_\_\_\_\_ DATE \_\_\_\_\_

Required for Faculty only

VICE PRESIDENT/PROVOST \_\_\_\_\_ DATE \_\_\_\_\_

Required for all employees

HUMAN RESOURCES \_\_\_\_\_ DATE \_\_\_\_\_

PRESIDENT \_\_\_\_\_ DATE \_\_\_\_\_

Required if extended beyond 180 days

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**POLICY INSTRUCTIONS**

All employees requesting leave without pay for more than thirty (30) consecutive workdays must complete a Request for Extended Leave of Absence Without Pay form. An employee's performance review date, state hire date, and leave date will begin to advance after being on leave without pay for 30 consecutive work days.

A Request for Extended Leave of Absence Without Pay for up to 180 calendar days, including paid and unpaid leave, must be approved by the supervisor, Dean (for Classified Staff) and administrative vice president /provost or designee. Leave without pay for 180 days or less is approved by Human Resources.

An additional request for up to 365 calendar days, including paid and unpaid leave, must be approved by the supervisor, Dean (for Classified Staff) and administrative vice president/provost or designee and forwarded to Human Resources. Leave without pay which exceeds 180 calendar days up to 365 calendar days must be approved, through Human Resources, by the President of the University.

A final request exceeding 365 calendar days, including paid and unpaid leave, must be approved by the supervisor, Dean (for Classified Staff) and administrative vice president/provost or designee and forwarded to Human Resources. Leave without pay which exceeds 365 calendar days must be approved, through Human Resources the President of the University, and by the South Carolina Office of Human Resources. Medical documentation indicating that the employee will be able to return to employment within the timeframe of the requested extension is required.

**STATE RETIREMENT CONTRIBUTION INSTRUCTIONS**

The following types of service can be purchased at the employee contribution rate according to SCRS Form 1224. Human Resources will request permission from the Retirement System, calculate contributions, and advise you of the contributions due.

<u>Code</u>	<u>Service/Leave Type</u>
34	Special Monthly Contributor
59	Military Leave
61	Worker's Compensation

The employee pays both the employee and employer contributions for Special Monthly Contributor. All remaining types of service can be purchased upon return from leave without pay using SCRS Form 2101, Request for Service Purchase Cost. Employee contributions are not remitted to SCRS for State ORP.

**IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO KNOW THE LEAVE WITHOUT PAY POLICIES AND TO PROVIDE THE REQUIRED DOCUMENTATION WITHIN A TIMELY MANNER. FAILURE TO COMPLY MAY RESULT IN TERMINATION OF EMPLOYMENT, WHICH COULD ADVERSELY AFFECT AVAILABLE BENEFITS.**