

**RICE UNIVERSITY**  
LEAVE OF ABSENCE / BENEFIT CONTINUATION FORM

Name of Person on Leave _____	Today's Date _____
Department _____	Employee ID _____
Home Address _____	Position Number _____
(if different) _____	Telephone _____

**Type of Leave:**    Work Related Injury    Medical    Family    Personal    Sabbatical    Jr. Faculty    Prof./Edu.

Comments: \_\_\_\_\_

<b>Medical, Personal, Family, Unpaid or Worker's Compensation Leaves:</b>				<b>For HR Use Only</b>
	<b>Time Eligible</b>	<b>Date From</b>	<b>Date To</b>	<b>Leave Status</b>
<b>Paid Benefit Time</b>	_____ <input type="checkbox"/> Days or <input type="checkbox"/> Hours	_____	_____	_____
<b>Paid Short Term Disability</b>	_____ <input type="checkbox"/> Days or <input type="checkbox"/> Hours	_____	_____	_____
<b>Unpaid or Worker's Compensation</b>		_____	_____	_____

<b>Sabbatical, Jr. Fac., or Paid Professional Leaves:</b>				<b>For HR Use Only</b>
	<b>Annual Rate</b>	<b>Date From</b>	<b>Date To</b>	<b>Leave Status</b>
<b>Paid Leave:</b>	<input type="checkbox"/> Full Pay	_____	_____	_____
	<input type="checkbox"/> Half Pay	_____	_____	_____
	<input type="checkbox"/> Other Pay	_____	_____	_____

<b>Charge to (if different from regular labor distribution):</b>						
Date From	Date To	Fund	Organization	Account	Program	%
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

I understand that this leave of absence, if granted, is governed by applicable University policies and is subject to the following conditions:

- a) **Paid Leaves:** The University pays its usual portion of insurance payments for a maximum of 12 months, inclusive of all leaves. If you do not wish to continue your University insurance, arrangements to terminate your insurance will need to be made with Human Resources. Contributions to the Retirement Plan are solely based on compensation paid by Rice during the leave.
- b) **Unpaid Leaves:** Arrangements to have the University continue benefits during unpaid leaves should be made with Human Resources prior to the leave. The University also pays its usual portion of insurance payments for the first 12 months of an unpaid leave. No contributions are made to the Retirement Plan when on unpaid leave.
- c) Failure to pay insurance premiums will result in cancellation of your University insurance.
- d) **Medical Leaves:** Applicants must provide a letter from a doctor stating the need for the leave and the estimated duration of the leave before the leave can be granted. A doctor's note stating ability to return to work must be provided before work can resume.
- e) With the exception of the first 12 weeks of family/medical leaves, the period during which the University contributes to benefits is considered part of the COBRA continuation period.
- f) Benefit time and holidays do not accrue during a leave of absence, including leaves paid under the short-term disability program or Worker's Compensation program.

\_\_\_\_\_  
Signature of Applicant/Authorized Representative DD-MON-YY

Recommended by: Supervisor/P.I. _____	DD-MON-YY _____
Recommended by: Department Chair/Director _____	DD-MON-YY _____
Approved by: Dean/Vice President _____	DD-MON-YY _____
Reviewed by: Human Resources _____	DD-MON-YY _____

CHANGE REASON (for HR use only): \_\_\_\_\_

HR Office: \_\_\_\_\_  
 CH: \_\_\_\_\_  
 SD: \_\_\_\_\_  
 FMLA Exp: \_\_\_\_\_  
 STD Exp: \_\_\_\_\_