

## Faculty TDL/FML Form

[Provost Policy on Faculty Temporary Disability Leave and Family Medical Leave, Revised 10/30/19](#)

Leave Type:      Family Medical                      Temporary Disability

Faculty Member's Name \_\_\_\_\_

Academic Unit \_\_\_\_\_

Beginning date of leave \_\_\_\_\_

Ending date of leave \_\_\_\_\_

Academic Unit Leader's optional comments regarding this absence, such as how duties will be covered by other faculty members during this time. Please protect your faculty member's privacy by keeping your comments in line with HIPAA regulations:

Academic Unit Leader's signature: \_\_\_\_\_

Routing: Email this form and HR Request for Family and Medical Leave to [Office of Faculty Resources, Planning and Assessment](#). OFRPA will obtain final college level approvals.

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Dean Approval and signature: \_\_\_\_\_

Provost Approval and signature: \_\_\_\_\_