



**SAMPLE P4B:**  
For a faculty member going on research assignment for the fall semester of 2022

**NOTE: YOU ONLY TO COMPLETE ONE P4B FORM FOR YOUR LEAVE**

**REQUEST FOR EMPLOYEE LEAVE**

TYPE OF LEAVE REQUESTED		
<input type="checkbox"/> Leave without Pay	<input checked="" type="checkbox"/> Research Assignment Leave (full pay)	<input type="checkbox"/> Study Research Leave (half pay)
<input type="checkbox"/> Return from Leave	Effective Date: Fall Semester 2022	<i>this doesn't need to be a specific date, just a summary of leave term.</i>

Employee ID Number 010101010	Employee Name Last: Doe, First: John, Middle Initial: R
Position Number 1010101	Title or Rank Associate Professor
Department Number 1010101	Department Name Physics

Mailing Address (for tax withholding statements) <i>first day faculty will be on leave status</i>	Type of Appointment <input checked="" type="checkbox"/> Regular, <input type="checkbox"/> Restricted, <input checked="" type="checkbox"/> AY, <input type="checkbox"/> CY
Date of Leave: 8/10/2022	Work Schedule, if other than M-F:
Anticipated Return: 12/25/2022 <i>first day faculty will be back from leave status (NOT the last day of leave)</i>	

**Leave without Pay**

Education\*\*  
 Medical\* (Traditional Sick Leave Program ONLY) (Medical certification required)  
 Family and Medical Leave Act\* (Medical certification required)  
 Self  Family Member  
 Personal Reasons\*\*  
 Workers' Compensation\*  
 Military\*\*\* (Military orders required)

**Leave with Pay (Faculty)**

Research Assignment Leave with Full Pay  
 Study Research Leave with Partial Pay  
 Educational Leave with Partial Pay

Current Salary: 100,000 ← same → Requested Salary: 100,000

**Layoff**

Leave-Without-Pay/Layoff (12 Months)\*  
 Leave-Without-Pay/Temporary Work Force Reduction (MAX of 690 hours in 365 day period)\*

Employee wishes to continue the following benefits while on LWOP (Bursar's Office will bill monthly.) \*\*

Health Insurance  
 Accidental Death and Dismemberment  
 Long-Term Disability (Classified Only)  
 Optional Life Insurance

Retain Leave Balances While Out  Yes  No

**Human Resources Use Only**

Official Military Orders Received  
 Military Leave Worksheet  
 Physician Letter Received

**Leave Balances**

\_\_\_\_\_ Annual \_\_\_\_\_ Tech System  
 \_\_\_\_\_ Sick \_\_\_\_\_ State System  
 \_\_\_\_\_ Compensatory

**Leave Share**

Employee is applying for leave share