PERSONAL LEAVE

POLICY NUMBER: ADM-PERSONALLEAVE
POLICY TYPE: ADMINISTRATIVE
RESPONSIBLE OFFICIAL TITLE: CHIEF HUMAN RESOURCES OFFICER
RESPONSIBLE OFFICE: HUMAN RESOURCES
EFFECTIVE DATE: UPON PRESIDENTIAL APPROVAL – 7/01/2019
NEXT REVIEW DATE: PRESIDENTIAL APPROVAL PLUS FOUR (4) YEARS – 7/01/2023
SUPERSEDES POLICIES: PERSONAL LEAVE; LEAVE OF ABSENCE WITHOUT PAY;
LEAVE OF ABSENCE WITH PAY
BOARD OF REGENTS REPORTING (CHECK ONE):
☐ PRESIDENTIAL RECOMMENDATION (CONSENT AGENDA/VOTING ITEM)
☒ PRESIDENTIAL REPORT (INFORMATION ONLY)

I. POLICY STATEMENT

In special circumstances, a Personal Leave of Absence without pay may be granted. Such leaves are one-time in nature, not a request for a regular change in work hours, months worked, etc. The leave must be requested by the employee, submitted to the employee’s supervisor/manager, and then to Human Resources for approval.

An employee is eligible to request a Personal Leave if the following criteria are met:
• Full-time faculty or full-time staff in a regular or contract position or part-time staff in a benefits-eligible position
• Completed one (1) year of service with Northern Kentucky University (NKU)
• In good standing with the department

Personal Leave without pay may be available for the following reasons including, but not limited to:
• Educational purposes
• Serving in elected civic office
• Serving in Vista, Peace Corps, or other social welfare programs
• Extended time off period
• Child rearing

Personal Leave is for reasons other than personal or family medical needs.

Personal Leave is granted at the discretion of the employee’s supervisor/manager and Human Resources. A Personal Leave may be granted for a minimum of one (1) month up to three (3) months (90 calendar days). Leave extensions may be granted, but for staff, in no event may the initial request and extensions exceed a combined maximum of one (1) calendar year. An employee must apply for any leave extensions and the supervisor/manager and Human Resources may or may not approve the extensions.

Faculty should refer to the additional provisions in the Faculty Handbook for Unpaid Sick Leave (12.7) and Unpaid Leave (12.8).

II. ENTITIES AFFECTED

Faculty and Staff
III. RESPONSIBILITIES

An employee must:

- Submit a written request including the reason for leave and the estimated length of the leave (Military or Personal Leave Request Form) to the employee’s supervisor/manager.
- Submit all requested paperwork to the employee’s supervisor/manager at least 30 calendar days before requested begin date of leave, if possible. (If 30 days is not feasible, contact the Leave Administrator as soon as possible after the need for leave is realized). Failure to do so may result in the delay or denial of Personal Leave.
- Pay all benefits costs during leave, as appropriate.

The supervisor/manager must:

- Inform the employee of the availability of Personal Leave and the need to coordinate with the department and Leave Administrator, when the employee indicates the need for time away for reasons that may qualify under Personal Leave.
- Guarantee the employee the same or similar position upon return from leave at the same pay rate.
- Respond in writing within five (5) workdays of receipt of request for leave.
- Forward the signed Military or Personal Leave Request Form to the Leave Administrator.

Leave Administrator (Human Resources) will:

- Respond in writing within five (5) workdays of receipt of request for leave.
- Inform the employee if the leave request is incomplete or unclear, and allow seven (7) calendar days for the employee to provide corrected documentation.
- Initiate a Personal Action Request (PAR) to the supervisor/manager for processing.

The supervisor/manager and Leave Administrator (Human Resources) may (at their discretion):

- Provide up to three (3) months (90 calendar days) of unpaid leave in a 12-month period for an eligible employee.
- Deny leave if the leave will unduly affect the efficient functioning of the work unit, as determined by the need of the department and the Leave Administrator.
- Deny leave if the employee has a history of documented performance or attendance issues.

IV. PROCEDURES

The employee must submit a written request including the reason for leave and the estimated length of the leave (Military or Personal Leave Request Form). Requests are handled on a case-by-case basis, considering the purpose and length of the leave, length of service at time of request, and the operating need of the department.

To have continuous coverage, the employee must pay the full cost of all benefits in which the employee is enrolled during the leave. If the employee does not pay the full cost of all benefits during the leave, coverage will end in accord with benefits practice and insured contracts and will resume upon return from leave.

The employee will not be paid for holidays occurring during a leave and will not accrue sick and vacation time during the leave.
V. REFERENCES AND RELATED MATERIALS

REFERENCES & FORMS
Military or Personal Leave Request Form

RELATED POLICIES
Family and Medical Leave (FMLA)

NKU Faculty Policies & Procedures Handbook: Unpaid Sick Leave (12.7) & Unpaid Leave (12.8)

REVISION HISTORY

<table>
<thead>
<tr>
<th>REVISION TYPE</th>
<th>MONTH/YEAR APPROVED</th>
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<tbody>
<tr>
<td>Revision</td>
<td>July 1, 2019</td>
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<tr>
<td>Revises Personal Leave</td>
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<tr>
<td>Replaces Leave of Absence Without Pay and Leave of Absence With Pay</td>
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# PERSONAL LEAVE

## PRESIDENTIAL APPROVAL

### PRESIDENT

| Signature: |  
| --- | --- |
| Signature: | Abhay \( \) Date: 7/1/19 |

Ashish Vaidya

## BOARD OF REGENTS APPROVAL

### BOARD OF REGENTS (IF FORWARDED BY PRESIDENT)

- This policy was forwarded to the Board of Regents on the *Presidential Report (information only)*. Date of Board of Regents meeting at which this policy was reported: 9/1/19.
- [ ] This policy was forwarded to the Board of Regents as a *Presidential Recommendation (consent agenda/voting item)*.
  - The Board of Regents approved this policy on ____/_____/_____.
    - (Attach a copy of Board of Regents meeting minutes showing approval of policy.)
  - The Board of Regents rejected this policy on ____/_____/_____.
    - (Attach a copy of Board of Regents meeting minutes showing rejection of policy.)

### EXECUTIVE ASSISTANT TO THE PRESIDENT/SECRETARY TO THE BOARD OF REGENTS

| Signature: |  
| --- | --- |
| Signature: | Bonita Brown Date: 9/18/19 |

Print Name: Bonita Brown