# Article XVII Unpaid Leave Form

For Annual, Multi-Year and Grandparented New School Part-Time Faculty

An Annual, Multi-Year and Grandparented New School part-time faculty member applying for an unpaid leave should complete Part I of this form and submit it to Human Resources. The decision to approve or deny an unpaid leave is entirely within the discretion of the University. The University has no obligation to maintain the base load of any faculty member who does not teach and fails to request and/or obtain approval for an unpaid leave of absence.

An Annual, Multi-Year or Grandparented part-time faculty member requesting an unpaid leave for an emergency or for a reason for which the law requires The New School to afford a leave (i.e., for certain medical conditions) should make that leave request directly to Human Resources and **should not** use this form.

Probationary and Post-probationary part-time faculty members should not use this form. They are not eligible for Article XVII unpaid leaves.

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## Part I: To Be Completed By the Part-Time Faculty Member

(Upon completion, send this to Human Resources)

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>N</th>
<th>Last First</th>
<th>The New School ID (8 digits)</th>
</tr>
</thead>
</table>

Check the boxes next to the divisions in which the part-time faculty is currently teaching.

- [ ] Drama
- [ ] Lang
- [ ] Mannes
- [ ] Parsons
- [ ] NSPE
- [ ] NSSR

Reason for Leave: ____________________________________________________________

Proposed Start Date: ___________________________ Proposed End Date: ___________________________

*An leave may not exceed one academic year in duration.*

Email and Mailing Address while on leave: ________________________________________________

Signature and Date: ________________________________________________________________

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## Part II: To Be Completed By Human Resources

Number of Semesters as of date this form is reviewed: ________________________________

Check One:  [ ] Annual  [ ] Multi-Year  [ ] Grand Parented

Check One:  [ ] Approved  [ ] Unapproved

Signature of Approver: ___________________________________ Date: _______________________

Name/Title of Approver: **Stephanie Basta, Senior Director of Labor Relations**

Comments: ________________________________________________________