<table>
<thead>
<tr>
<th>LEAVE TYPE</th>
<th>POLICY Source</th>
<th>ELIGIBLE FACULTY</th>
<th>PAID/ unpaid</th>
<th>STOPS “CLOCK”</th>
<th>REMARKS</th>
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</thead>
</table>
| Family Medical Leave (FML) | HOP 7.F.4     | All*             | P/U depending on status of accrued leave balances | Paid: No, Unpaid: Yes | • Maximum duration of 12 weeks/480 hours;  
• Must have been employed for a total of at least 12 mos and have worked at least 1,250 hours during 12 mos prior to commencement of requested leave;  
• Can be used on intermittent or reduced schedule basis;  
• Requires concurrent use of any paid leave (i.e., sick leave, floating holiday);  
• Advance notice required when foreseeable; when not possible, as soon as practicable but within 2 business days after learning of the need for the leave;  
• UT will continue to contribute its share of premiums for employee's health insurance during FML period of up to 12 weeks;  
• Certification of health care provider required within 15 calendar days of receipt of form in HRS;  
• Report use on Monthly Report of Sick Leave Taken form;  
• Return to Work Certification required.                                                                                                                   |
| Sick Leave              | HOP 7.F.11    | All*             | P            | No            | • Full time earn 8 hours/mo; part time, proportional to percent time appointed;  
• Maximum leave = available accrued sick leave balance at start of a qualifying event;  
• Certification of licensed practitioner may be required for absences greater than 3 days in length;  
• Report use on Monthly Report of Sick Leave Taken form;  
• Return to Work Certification may be required.                                                                                                                                                               |
| Sick Leave Pool         | HOP 7.F.12    | All*             | P            | No            | • Maximum award is 720 hours (18 weeks) per condition;  
• Employee must have exhausted all accrued and available leave;  
• Requires written statement (form) from licensed practitioner;  
• Severe condition or combination of conditions that would result in death if not treated promptly;  
• UT will continue to contribute its share of premiums for employee’s health insurance;  
• Report use on Monthly Report of Sick Leave Taken form.                                                                                               |
| Parental Leave          | HOP 7.F.10    | All*             | P/U           | Paid: No, Unpaid: Yes | • Maximum leave = 12 weeks/480 hours, therefore;  
• Applies to employees w/ less than 12 mos. state service or less than 1,250 hours worked in preceding 12 mos;  
• Concurrent use of any leave (i.e., sick leave, floating holiday) required;  

* Applies to any faculty employee appointed to work at least 50 % time for a period of 4 1/2 continuous months.
| Foster Parent Leave | HOP 7.F.5 | All* | P | No | • Paid administrative leave for qualified purposes for foster parent to a child under the Dept of Protective & Regulatory Services conservatorship, to attend meetings in accordance w/state law;  
• Report on Monthly Report of Faculty Sick Leave Taken form. |
|---------------------|-----------|------|----|----|--------------------------------------------------|
| Leave w/o Pay       | HOP 3.10  | All* | U  | Yes | • When used for purposes that would qualify for FML and sick leave, employee must exhaust available sick leave and floating holiday balances;  
• Must complete and submit Faculty Leave Request form;  
• Appointment percent time reduced in accordance with approved leave terms;  
• Employee is responsible for paying premium amount directly to UT;  
• Approved up to one year at a time. One-year extension possible for a total of two consecutive years maximum. |
| Release time        | HOP 3.10  | T&TT; NTT | P | No | • Faculty member released from faculty salaries budget is paid from another funding source(s) administered by UT;  
• Includes appointments to contract/grants and Faculty Research Assignments;  
• Faculty member must submit Faculty Leave Request form;  
• NTT: applies in accordance w/ contract terms. |
| Holiday Leave       | HOP 7.F.6 | All* | P  | No | • Based on total number of days provided by Legislature which may include some number of hours of floating holiday;  
• Unused floating holiday time carries over from one year to the next;  
• Floating holiday may be applied to sick leave taken but not covered by accrued sick leave balance;  
• Holiday leave for those appointed less than full-time is based on the percent time appointed;  
• Report use on Monthly Report of Sick Leave Taken form. |
| Miscellaneous       | HOP 7.F.x | All* | Variable | | • Emergency Responder, Jury Duty, Witness Service, Military Leave, etc.;  
• Report use on Monthly Report of Sick Leave Taken form. |

**RELATED POLICIES**

| Extension of Probationary Period | HOP 3.11 | TT | P | Extends Clock | • Applies when qualifying personal circumstances impede progress toward achieving tenure;  
• Approved one year at a time for a maximum of 2 years;  
• Must apply no later than the end of the spring semester before the faculty member’s sixth year of full-time probationary service (up/out year). |
|---------------------------------|----------|----|----|---------------|--------------------------------------------------|
| Modification of Instructional Duties | HOP 5.B.1 | Full-time T, TT & NTT | P | No | • Modifies normal classroom teaching duties only for period of one semester;  
• Allows for equivalent academic service as approved in work proposal that defines need, work product and method of evaluation by chair or dean;  
• Does not apply to situations where use of sick leave is appropriate. |