

Other Academic Appointees (OAA) Short-Term Disability Leave Form
for illness or short-term disability other than pregnancy

Name _____ Date _____
Home Address _____ Department/School _____
City, State, Zip _____ Chicago ID _____
Title _____ Appointment begin & end dates _____

Other Academic Appointees who are benefits-eligible are eligible for short-term disability leave in accord with the OAA Short-term Disability Leave policy. Pregnancy is covered under the OAA Maternity Leave policy, and Workers' Compensation is covered under the Workers' Compensation program. Short-Term Disability Leave counts toward leave under the Family and Medical Leave Act (FMLA). Appointees must hold a current appointment and be in residence in order to be eligible for short-term disability leave.

Two-week Period (includes 10 work days, including holidays): *Unit pays full salary as usual. Employee benefits continue shared as usual.*

Date of 1st day of short-term disability leave: _____
Date of 14th day of short-term disability leave: _____

Eleven-week Period (begins on 15th day of consecutive absence): *The University Benefits Office pays 60% of base salary. Employee benefits are maintained with retirement contributions based on the adjusted 60% base salary.*

Date of 15th day of short-term disability leave: _____
Date of expected end of short-term disability leave: _____

Short-term disability leave and its salary and benefits cease at the end of 13 weeks. For OAA who receive a term allowance and/or administrative supplement, those salary components automatically terminate on day 30 of the 13-week STD period.

If an appointee needs more than 13 weeks of leave, the limit of short-term disability leave, s/he must apply for long-term disability leave by first contacting his/her Department Chair and/or Dean.

If there is to be a period of time between cessation of short-term disability leave and the beginning of long-term disability leave and the appointment is current, then the appointee may request in writing an unpaid personal leave of absence, which must be approved in advance in writing by the Department Chair and/or Dean and by the Office of the Provost.

Signature _____ Date _____

Department Chair or Representative _____ Date _____

Dean or Representative _____ Date _____

Approved: _____ Denied: _____

For Provost's Office _____ Date _____