

Rock Valley College

Special Leave of Absence for Full-Time Employees

RVC Administrative Procedure (3:30.120)

Purpose

To provide a clear process for requesting and approving unpaid special leaves of absence for eligible full-time employees.

Definitions

FMLA: Family and Medical Leave Act (FMLA) is designed to help employees balance their work and family responsibilities by allowing them to take reasonable unpaid leave for certain family and medical reasons.

Insurance Premiums: The amount an employee pays for their portion of health, life, or other insurance coverage, usually deducted from their paycheck.

Eligibility

Full-time employees with at least six (6) months of service may apply for unpaid special leave. Unpaid personal leave may only be requested after all other appropriate leave balances have been exhausted.

Accepting employment elsewhere is not a qualified reason for unpaid leave under this policy and may result in termination of employment at Rock Valley College.

Procedure

1. Request:

Employees submit the special unpaid leave of absence form to their supervisor and leadership chain for review and signatures. The supervisor shall review and act upon a request for unpaid personal leave in consideration of the following factors:

- The purpose for which the leave is requested.
- The length of time the employee will be away.
- The effect the leave will have on the ability of the department to carry out its responsibilities.
- The quality of the employee's performance prior to the submission of the request.

All unpaid personal leaves must be approved by the department manager and concurred with the Vice President of Human Resources or designee.

This request must be accompanied by a rationale for the request for leave.

This written request to their supervisor should be made at least 30 days in advance, stating the reason and dates of the leave.

2. Review and Approval:

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Supervisor (and leadership chain- if applicable) recommends approval or denial to HR. Once signed off by the vice president of that area, the VP will forward the request to Vice President of Human Resources for processing and consideration. The VP of HR, President, or Board acts based on the length of the requested leave

Approval Timelines:

- VP of HR: up to one calendar month (at least 1 week before start date of leave)
- President of the college: up to 3 months (at least 2 weeks before start date of leave)
- Board of Trustees: more than 3 months (at least 1 month prior to the upcoming board meeting- 4th Tuesday of each month)

3. FMLA Coordination:

If applicable, FMLA leave runs concurrently with the approved special leave. Vice President of HR will consult with Benefits Coordinator to evaluate FMLA approved time and will then provide all required FMLA notifications.

4. Continuation of Benefits During Leave:

Once the approval is granted and communicated by the Vice President of Human Resources, the Benefits Coordinator will communicate the following with the employee:

- Benefits/Insurance Premiums owed out of pocket (after the first month of leave)
- Status of sick and vacation accruals (stop after one month)

5. Return to work:

Employee notifies HR and supervisor at least two (2) weeks before returning. Failure to return without approval may be treated as a voluntary resignation.

6. Extensions of this Policy

Employees may request this type of leave up to 3 months per calendar year (January-December). Exceptions/Extensions to this policy must be approved by the highest designated approver for the timeframe being requested.

Applicable Reference Documents:

[Faculty Association Collective Bargaining Agreement: Section 8.5.2](#)

[Fraternal Order of Police Collective Bargaining Agreement: Section 12.1](#)

[Support Staff Association Collective Bargaining Agreement: Section 5.3](#)

Unpaid Leave of Absence Request Form

Reference: Board Report 2300-A

Implemented: September 4, 1973

Revised: April 8, 2014; November 21, 2025

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Unpaid Leave of Absence Request Form

An unpaid leave of absence is available in certain circumstances as described in Rock Valley College's Board Policy 3:30.120 (Special Leave of Absence for Full Time Employees)

Employees who meet the eligibility criteria for a leave of absence must complete this form at least 30 days prior to the commencement of leave or as soon as practicable in the event of an unforeseeable absence. Please note:

- All leaves of absence must be approved in advance by employee's leadership team and VP of Human Resources/President/Board of Trustees (depending on length of request) .
- If the dates of requested leave change, a new leave of absence request form must be submitted for approval.
- Employees on an unpaid leave of absence are responsible for payment of insurance premiums as agreed upon with HR prior to the commencement of leave.
- Employees returning from a leave of absence must contact HR at least one week in advance of the projected return date.

This form should not be used to request leave under the Family and Medical Leave Act (FMLA) or to request leave as an accommodation under the Americans with Disabilities Act (ADA).

Employees should consult with HR to request leave under the FMLA or ADA.

To be completed by the employee:

Date of request: _____ Employee name: _____

Department: _____ Job title: _____

Date of hire: _____

(Must be employed with the college at least 6 continuous months)

Employee group: () ADM, () FAC, () FOP, () SSA, () ESP, () PSA

Requested leave dates (mm/dd/yy): _____ to _____.

Reason for the leave of absence: _____

_____.

I have read and fully understand the information contained in [Company name]'s leave of absence policy.

Employee signature

Date

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To be completed by the employee's leadership team:

Leave request is: Approved Not approved

If not approved, provide an explanation: _____

_____.

Supervisor signature: _____ Date: _____

Dean/Director signature: _____ Date: _____

Vice President's signature: _____ Date: _____

To be completed by VP-HR/College President/Board of Trustees:

Length of Request: () 1 mon.: VP HR () 1-3 Mon.: President () 3+ mon.: Board of Trus.

Leave request is: Approved Not approved

If not approved, provide an explanation: _____

_____.

VP of HR signature: _____ Date: _____

President's Signature (if applicable) _____ Date: _____

Board of Trustees Decision (if applicable) _____ Date: _____

(attach Board Report)

Employee's last day worked: _____ Employee's return-to-work date: _____

To be completed by Benefits Coordinator:

Insurance to be continued and the weekly/monthly cost to employee:

Medical	() Yes	() No	() N/A	_____	\$
Dental	() Yes	() No	() N/A	_____	\$
Other: _____	() Yes	() No	() N/A	_____	\$

Total insurance premium due per pay period: \$ _____ due per month: \$ _____

File original in the employee's leave records and provide a copy to the employee and the employee's supervisor.