MIT Libraries

*Guidelines Regarding Elective Time Off/Voluntary Leave Without Pay*

In response to the expressed interest of some staff in supplementing their Vacation Leave with additional time off, the Libraries have adapted the existing MIT policy explicitly to include this unpaid leave option. See MIT Personnel Policy Manual, Section 4.16.1, below.

The MIT Libraries will consider requests for Voluntary Leave Without Pay for the purpose of supplementing Vacation Leave in accordance with the following guidelines:

1. Written requests (form on reverse side) must be completed by employee at least one month prior to proposed Leave.
2. Approval is required by Supervisor, Department Head, and Associate Director. Factors to be considered include but are not limited to the business needs of the unit, individual performance, and other staffing considerations.
3. Per MIT Policy, periods of Leave can be approved according to staff category as follows:
   a. Support Staff – up to one week (in full-day increments)
   b. Administrative Staff – up to one month (in full-day increments)

In most cases, authorized Leave Without Pay allows staff to maintain Institute benefits coverage and will count as continuous service in determining length of service for Leave purposes. However, in some cases special arrangements will be required in order to continue contributions to chosen benefits during the Leave.

**MIT Personnel Policy Manual, Section 4.16.1**

Voluntary leaves of absence without pay may be granted for a specified period of time, normally for educational or public service reasons and because the Institute wishes to maintain an association with the individual. A supervisor may authorize an individual to take, in any calendar year, unpaid leave of a duration not to exceed the individual's normal pay period. Requests for leaves of more than the normal pay period but less than six months must be approved by the supervisor, the department head, and the appropriate Human Resources Officer for the department.

Unpaid leaves of absence of six months to one year in duration must be approved by the supervisor, the department head, the senior officer for the area, and the appropriate Human Resources Officer for the department. When a position is not being held for the employee who has requested leave, approval must be obtained from the Vice President for Human Resources. Unpaid leaves of absence may not exceed one year, but may be renewed in special circumstances with the approval of the Vice President for Human Resources.

Eligible staff members are entitled to a leave of absence without pay of up to 12 weeks in a 12-month period to care for their newborn child or a child newly placed with them for adoption or foster care; because of the serious health condition of their child, parent, or spouse requiring their participation in care; or because of their own serious health condition, including conditions related to pregnancy and childbirth. For leave to be counted towards the 12-week FMLA period, the staff member must receive written notice that the leave is being considered FMLA leave. (For more information, see Section 4.5, Leaves Provided Under the Family and Medical Leave Act.)

The granting of unpaid leaves of absence requires an assurance of reemployment by the department upon the termination of the leave, unless specifically authorized otherwise by the Vice President for Human Resources, or unless the position has been eliminated by reduction in the work force or operational change under circumstances applying equally to other similar jobs in the department. Unpaid leaves without pay similarly require the employee's intention to return to work at the end of the approved leave period.
REQUEST FORM

Employee Name: _____________________________________________

Payroll Category: _____Administrative Staff _____Support Staff

Date Requested Leave Starts: _______________     Date Requested Leave Ends: _______________

Number of Days of Leave Requested: _______________

Reason for requested Leave:

SIGNATURES

Employee: _______________________________       Date: _____________________

Supervisor: _______________________________       Date: _____________________

Department Head: ____________________________       Date: _____________________

Associate Director: ___________________________       Date: _____________________

This form, complete with signatures, should be forwarded to Robin Deadrick (14S·324) no later than two weeks prior to the scheduled leave.