GRADUATE STUDENT LEAVE POLICY

Responsible administrator: Associate Dean for Academic Programs Last updated/reviewed: 5/14/2019

Auburn University does not consider graduate students to be employees; hence, graduate students do not accumulate vacation, personal or sick leave time and the provisions of FMLA do not apply. Thus, HSOP graduate students are approved for absence only for official holiday periods as specified by the Auburn University Office of Human Resources. Those HSOP graduate students on assistantship will be granted paid leave only for those official holiday periods. These dates can be found on the web at http://www.auburn.edu/administration/human_resources/holidays.htm.

Requests for exception to the leave policy for the purpose of vacation or personal leave must be approved in advance by the graduate student's faculty advisor, assistantship supervisor (if applicable), Department Head and the Director of Graduate Programs.

Requests for exception to the leave policy for the purpose of sick leave must be submitted in advance, if possible, and approved by the graduate student's faculty advisor, assistantship supervisor (if applicable), Department Head and the Director of Graduate Programs. If sick leave cannot be approved in advance, please submit a leave form upon your return. All requests for exceptions to the leave policy for sickness must be accompanied by an explanation from a primary health care provider.

The form used to request exceptions to the leave policy is available on the HSOP Pharmaceutical Sciences graduate program web site: <u>http://www.auburn.edu/academic/pharmacy/graduate/pdf/gs-request-absent.pdf</u>. Excessive unexcused absences may serve as grounds for terminating a graduate student's financial support and/or their position in the graduate program.



Graduate Student Request To Be Absent

(Must be submitted at least seven days in advance of planned absence)

Graduate Student's Name (Print	t):		.			
Department:						
Student Appointment Type	G ⁻	ТА	GRA		Not Applicable	
Reason for Absence:						
Personal illness/injury						
Death in family						
Scientific Meeting						
Other (explain):						
Dates of Requested Absence:	/					
From AM/PM					-	
	Month	Date		Year		
ThroughAM/PM				 	-	
	Month	Date		Year		
Total Hours of Paid Leave			Total	Hours of Un	paid Leave	
Graduate Student Signature				 Date		
Faculty Advisor Signature				– Date		
Graduate Assistant Supervisor Signature (IF APPLICABLE)				Date		
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Department Head Signature				Date		
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Associate Dean for Research and Graduate Programs Signature				Date		