

University of Mississippi Medical Center Education Leave

Full-time employees who have completed the 90-day initial employment period and who have not had disciplinary action in the past 12 months and are enrolled in one course per semester, here or elsewhere during employee's normal work schedule, may be excused with pay for up to four hours per week to attend class. To enroll at the Medical Center or elsewhere, the employee must apply and be accepted for admission by the usual criteria and procedures. An employee must use personal leave when the course requires more than four hours a week. All class attendance during the employee's normal work schedule must be approved by the department head. Online classes are not covered.

Employee applicants will:

- ✓ Seek approval from the supervisor/manager prior to the start of the academic period by submission of the Education Leave Request Form.
- ✓ Provide verification of course enrollment.
- ✓ Provide verification of course completion with a C or better at the end of the academic period (quarter or semester). A copy of grades can serve as verification.
- ✓ Submit a copy of the withdrawal form within three working days from course withdrawal if the course is dropped and the leave time is no longer necessary.
- ✓ Repay any used leave time if the course is not completed with a C or better with personal or uncompensated time.

The manager will:

- ✓ Assess the appropriateness of the leave based on employee standing (no disciplinary action in the past 12 months) and departmental/unit activity (staffing, vacancies, budget, etc.).
- ✓ Determine if leave will be granted or not prior to the start of the academic period and inform the employee.
- ✓ If granted, sign the education leave request and route it appropriately - Director, CLO for University Hospitals and Health System (Hospitals and health system employees only) HR Benefits Office.
- ✓ Receive verification of course completion or withdrawal.
- ✓ Assure that approved education leave is coded EDUL for the exclusive use of pre-approved education leave.

**University of Mississippi Medical Center
Education Leave Request Form**

Employee Name _____

Title _____ Employee # _____

I am requesting Education Leave to attend _____ (name of academic institution)

on _____ at _____ from _____ to _____.
(day(s) of week) (time of day) (mm/dd/yy) (mm/dd/yy)

I plan to take _____ in pursuit of _____.
(name of course) (degree or certificate)

I plan to complete the degree or certificate program by _____.

I understand that in order to receive the four-hour Education Leave that I will provide the following documents to my manager:

(Initial each blank)

_____ Proof of enrollment from the academic institution within one week of class registration.

_____ Verification of course completion with a C or better within one week of the end of the academic period.

_____ Documentation of course withdrawal within three working days of withdrawal. I understand that if I continue taking the leave after withdrawal that I can be disciplined up to and including termination.

I will:

_____ Repay any used leave time if the course is not completed with a C or better with personal or uncompensated time.

(employee signature)

(date)

(manager signature)

(date)

Approved Pay Source # (charge code) _____

Denied

Reason: _____

Route to: Director _____
Chief Learning Officer for Hospitals and Health System Employees _____
HR Benefits Office _____