Date

GA name

Position

Department

Dear (GA):

Your request for a leave of absence without pay due to (*reason – brief and generic*) for the (*term and year*) from (*beginning date*) to (*end date*) has been approved by the department. This includes (the six weeks/semester/year of unpaid leave provided) for in the Graduate Assistants United bargaining agreement.

If you are enrolled in GatorGradCare, your GatorGradCare plan coverage will continue during your leave of absence and you are responsible for the employee share of the monthly premium (cost) for the duration of the leave. The premium will be collected in advance, if possible, or upon your return from leave.

For more information regarding graduate assistant leave of absence, please reference Article 8 in the Collective Bargaining Agreement between GAU & UF for 2017-20 linked here: <https://www.ufgau.org/uploads/6/4/6/7/64675501/2017-2020_gau_union_contract.pdf>. Acceptance of this letter will not be considered a waiver of your right to process a grievance concerning this change in employment status, pursuant to any applicable law, rule or provision of the Collective Bargaining Agreement. Visit the Graduate Assistants Union website at [www.ufgau.org](http://www.ufgau.org) for more information.

If you are taking a leave of absence due to a medical condition, please make sure you to visit the Dean of Students website at <https://care.dso.ufl.edu/submit-medical-petition/>, and complete any necessary paperwork. Before starting your leave of absence, it will be your responsibility to contact your academic advisor to see how this leave of absence will impact your academic progress.

Please do not hesitate to contact (contact person with contact info) if you have any questions about this letter.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Supervisor or PI Signature & Date Department Chair Signature & Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Coordinator & Date

I understand and accept the conditions of this letter.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GA Signature & Date