PERSONAL LEAVE OF ABSENCE LETTER

Dr. Henry Wei-Chen Liu
17 Garden Street, Cambridge, MA 02138

September 5, 2025

Patricia Donovan, University Librarian
Bay State University
745 Commonwealth Avenue, Boston, MA 02215

Dear Dr. Donovan,

Re: Formal Request for Leave of Absence

Please accept this letter as my formal request for a leave of absence from my position as Head Research Librarian at Bay State University. I respectfully ask that you acknowledge receipt of this letter in writing so that we have a shared record of the notice date.

Reason for Leave

My leave is for personal reasons. I am requesting a three-month sabbatical to conduct research and complete a book manuscript on 19th-century Boston library history.

Dates of Leave

I am requesting leave beginning **January 15, 2026** through **April 15, 2026**, a continuous period of approximately 13th (13) weeks.

Legal Framework

I understand that, based on my tenure and hours of service and the size of the Company, I may be eligible for leave under the federal Family and Medical Leave Act, 29 U.S.C. §§2601–2654. This letter is intended to provide the Company with sufficient information to determine whether FMLA applies, consistent with 29 C.F.R. §825.303(b). I understand I am not required to specifically reference FMLA for my rights to attach, and I am requesting that the Company designate the leave as FMLA-qualifying to the extent applicable.

State-Specific Rights

Illinois Paid Leave for All Workers Act. I reserve my rights under the Illinois Paid Leave for All Workers Act, 820 ILCS 192/1 et seq. (effective January 1, 2024), which entitles most Illinois employees

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to accrue up to 40 hours (5 days) of paid leave per year, usable for any reason. I request that any Company-required substitution of paid leave be applied consistent with PLAWA.

Collective Bargaining Agreement. I am covered by a collective bargaining agreement, which may provide leave rights in addition to those referenced above. I request that this leave be administered consistent with any applicable CBA provisions.

Pay and Benefits

I would welcome the opportunity to discuss with HR whether accrued paid time off should be substituted for any unpaid portion of this leave, consistent with 29 C.F.R. §825.207 and Company policy.

I understand that under 29 U.S.C. §2614(c) the Company is required to maintain my group health insurance coverage during any FMLA-qualifying portion of this leave on the same terms as if I had continued to work, and I intend to continue paying my share of any applicable premiums. Please let me know the preferred method and schedule for remitting my premium share during the leave period.

Reinstatement

I understand that, under 29 U.S.C. §2614(a), I am generally entitled to be restored to my prior position or an equivalent one upon return from FMLA leave. I also understand that 29 U.S.C. §2614(b) and 29 C.F.R. §825.217 contain a limited "key employee" exception for certain salaried employees in the highest-paid 10%, and I ask that the Company notify me in writing at the earliest practicable time if it believes that exception may apply to me, so that we can discuss it.

Availability During Leave

I will be available during the following limited hours: Email on Tuesdays and Thursdays between 2 p.m. and 4 p.m. Eastern.. Outside of these hours, I intend to be unavailable.

I understand that, under 29 C.F.R. §825.216(e), the Company may not require me to perform work during a protected FMLA leave, and nothing in the availability described above is intended to waive that protection.

Transition Plan

Associate Librarian James Patel will serve as acting head during my sabbatical. I have worked with him for three years and will conduct a full two-week handoff, including active reference projects, collection-development decisions, and the spring acquisitions budget. I will be available on a limited basis as noted above for questions only.

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Return to Work

I intend to return to my position as Head Research Librarian on **April 15, 2026** (or earlier, if circumstances permit), and I look forward to resuming my responsibilities at that time. Nothing in this letter is intended to waive or limit any right I may have to reinstatement under 29 U.S.C. §2614, under the Americans with Disabilities Act, under USERRA, or under applicable state law.

Request to Discuss

Please let me know if you have any questions, if you need additional information, or if there is an appropriate time for us to discuss the terms of my leave of absence. I am committed to working with you to make the transition as smooth as possible for the team and for the Company.

Acknowledgment of Receipt

To confirm the Company's receipt of this notice for purposes of any applicable FMLA or state-leave timing, I request written acknowledgment of this letter (by email or countersignature) indicating the date it was received.

Thank you for your attention to this request.

Sincerely,

Employee

_____ SIGNATURE

_____ PRINTED NAME

_____ DATE

Dr. Henry Wei-Chen Liu
Head Research Librarian
Employee ID: BU-L4412

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