

REQUEST FOR LEAVE OF ABSENCE
HUMAN RESOURCES



Name _____
Department _____
Position Title _____
L # _____

Type of Employee
 Classified
 Faculty
 Management

Period of Leave: First Day of Leave _____ Return-to-Work Date _____
Extension from _____ to _____

Reduction in work load from _____ to _____ FTE for the period of leave.

Reason: Medical leave (physician's statement required)*
Work Related: yes (801 filed and claim accepted) no
 Parental Leave
 Family Medical Leave
 Personal Leave

Description: _____

I understand that all approvals of this request are conditional pending certification by the Chief Human Resources Officer and that all conditions affecting this leave have been mutually agreed to in writing.

Employee Signature _____ Date _____

Supervisor: I recommend that this leave request be Approved Denied Reviewed for the following reasons:

Supervisor Signature _____ Date _____

Vice President: I recommend that this leave request be Approved Denied Reviewed for the following reasons:

Vice President Signature _____ Date _____

President: This request is: Approved Denied contingent upon certification by the Chief Human Resources Officer that all conditions affecting this leave have been mutually agreed to in writing.

President Signature _____ Date _____

All conditions affecting this leave have been mutually agreed to in writing and the leave is approved as above (Conditions affecting leave are attached)
 Leave has been denied for the following reason(s):

Chief Human Resources Officer
Signature _____ Date _____

Employees on paid/unpaid leave (except vacation) in excess of ten (10) working days are required to complete this form.

*Medical, Parental and Family Medical Leave requests require supervisor's review only.