LEAVE OF ABSENCE REQUEST

<table>
<thead>
<tr>
<th>Employee ID</th>
<th>Name: Last</th>
<th>First</th>
<th>M.I.</th>
<th>Date Prepared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Department</td>
<td>FTE (%)</td>
<td>Term of Appt.</td>
<td>Hire Date</td>
<td>From: Leave Dates Through:</td>
</tr>
</tbody>
</table>

### Nature of Leave - check where appropriate:

- **Medical Leave (Paid)**
  - From: [ ]
  - Through: [ ]

- **Medical Leave (Non-Paid)**
  - From: [ ]
  - Through: [ ]

- **Personal Leave (Non-Paid)**
  - From: [ ]
  - Through: [ ]

- **Educational & Professional Development Leave**
  - From: [ ]
  - Through: [ ]

- **Jury Duty**
  - From: [ ]
  - Through: [ ]

- **Military Leave (Long-Term)**
  - From: [ ]
  - Through: [ ]

*Time off for medical leave will be considered Family and Medical Leave (FMLA) under federal and state legislation.*

Will any accrued vacation be used to continue pay?  ____ No  ____ Yes: indicate number of days ______

Please state the reason(s) for the leave request, but do not include detailed medical information. [For medical leave, submit the appropriate FMLA Certification of Employee's (or Family Member's) Serious Health Condition.]

Approval of this leave by the home department guarantees the availability of the employee's position upon her/his return.

- **Employee Signature:**
  - Date: [ ]
- **Dean/Appropriate Admin. Officer:**
  - Date: [ ]
- **Immediate Supervisor:**
  - Date: [ ]
- **Human Resource Services:**
  - Date: [ ]
- **Chairperson/Director:**
  - Date: [ ]

Note: The purpose of the Leave of Absence form is to communicate the need for a leave and advise the responsible parties. The Personnel Action form and, for salaried staff, the Salary Distribution form are required in order to implement the leave.