

LEAVE OF ABSENCE REQUEST

UNIVERSITY OF VERMONT

An Equal Opportunity Employer

Employee ID	Name: Last	First	M.I.	Date Prepared
Home Department	FTE (%)	Term of Appt.	Hire Date	From: Leave Dates Through:

Nature of Leave - check where appropriate:

<input type="checkbox"/> *Medical Leave (Paid) From: _____ Through: _____	<input type="checkbox"/> Educational & Professional Development Leave From: _____ Through: _____
<input type="checkbox"/> *Medical Leave (Non-Paid) From: _____ Through: _____	<input type="checkbox"/> Jury Duty From: _____ Through: _____
<input type="checkbox"/> Personal Leave (Non-Paid) From: _____ Through: _____	<input type="checkbox"/> 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.