

REQUEST FOR LEAVE OF ABSENCE

Name: _____ SSN/SCID: _____

Job Title: _____ Department: _____

Address During Leave: _____

TYPE OF LEAVE REQUESTED: ☐ Sick ☐ Family ☐ Maternity/Paternity
☐ Personal ☐ Military ☐ Other (specify) _____

PERIOD OF LEAVE: Beginning: _____
Expected date of return: _____

I am requesting this leave: ☐ With pay ☐ Without pay ☐ Both, if necessary

I am requesting payment for unused: ☐ Sick days ☐ Vacation days ☐ Both, if necessary

If this leave is due to illness, please bring a statment from your physican acknowledging your ability to return to work.

Employee's Signature: _____ Date: _____

APPROVALS

Supervisor's Signature: _____ Date: _____

Vice President's /Provost's Signature: _____ Date: _____

HUMAN RESOURCES USE ONLY

Your request for _____ has been:

☐ Approved ☐ Disapproved
☐ With pay for the period _____ ☐ Without pay for the period _____

Below is the sick and vacation time available to you:

Sick days available _____	Vacation days available _____
Sick days used _____	Vacation days used _____
Sick days remaining _____	Vacation days remaining _____

Your timesheet should be completed as follows for the period of your leave:

Period of Sick Leave

_____ thru _____

Period of Vacation Leave

_____ thru _____

Period of Absence without Pay

_____ thru _____