Non-FMLA Leave of Absence Request Form

Employee should complete Part I, sign and submit to Supervisor. If Supervisor approves, the form should be returned to Human Resources for processing. Human Resources will further facilitate the approval and notification process. Requests for leaves of absence should be made at least 30 days in advance whenever possible. Staff and Faculty members should read the appropriate leave of absence policies prior to completing the Leave of Absence Request Form.

| Part I - To be completed by Employee | | | |
|---|---|--|--|
| Employee Name (please print): | Hire Date: | Home Phone: | |
| Home Address: | | | |
| City, State, Zip Code: | | | |
| ☐ Faculty ☐ Staff Title: | Departmen | Department: | |
| Type of Leave: | | | |
| o Military Service | priate military authority must accompani annual Training (full-time employees, up by provisions) | • | |
| ☐ Personal Leave (full and part-time regu■ Reason: | lar employees, up to 30 days, unpaid) | | |
| End of leave (last day absent from Regular Hours worked/week: | from work): | | |
| Accrued Leave Benefits Non-FMLA medical leaves must use all sick leave leave will be used to remain in paid status. One unpaid leave status. An employee on unpaid le | ce vacation leave benefits have exhauste | ed, employee will go into an | |
| Health Benefits An employee on an unpaid leave greater than t benefits program by self-paying the full premiu premium rates that should be expected. The ento pay these premiums can result in a termination University. Payment arrangements must be made and the self-payment arrangements of the self-payment arrangements must be made and the self-payment arrangements. | m rates. The employee may contact Ben mployee will be billed directly by Central ion of coverage. You cannot submit pay | efits to be advised of the Management Services. Failure | |
| Employee must sign and submit to Supervisor for ap medical leaves will require medical documentation for Military leave orders should also be provided to Hurapproval/notification signatures have been obtained. | from a qualified physician and should be pro man Resources directly. <i>Please note that a le</i> | vided to Human Resources directly. Pave is not approved until all | |
| Employee Signature: | Date: | | |
| Supervisor Signature: | Date: | | |

Note: Non-FMLA leave for faculty must be approved by the Provost.

Department Head/Dean: Date: