

Application for Leave of Absence

I am requesting a Personal Leave of Absence for the following reason:
(University reserves the right to require documentation.)

I understand that this request is subject to the approval of the Office of Human Resources, is without pay and is for a maximum duration of thirty (30) days.

I am requesting consideration of a Personal Leave of Absence from _____ through _____. If applicable, I understand that I am responsible for paying the University for my group Health and Welfare benefits to ensure that they will continue through the time of this leave. (Contact the Office of Human Resources for details.)

I understand that I must contact the Office of Human Resources ten (10) working days prior to my expected return date to confirm my return to work.

I understand that I must report directly to the Office of Human Resources for reinstatement. Failure to report on the expected date of return will be viewed as reason to believe that I am not returning to work, and will result in the termination of my employment.

By signing below, and returning this form to the Office of Human Resources I am confirming my acceptance of the foregoing arrangement.

Employee Signature	Date
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Supervisor Signature	Date
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For the Office of Human Resources:

Leave of Absence has been: _____ Approved	_____ Signature	_____ Date
_____ Declined	_____ Signature	_____ Date