



University Auxiliary Services

California State University, Los Angeles

University Auxiliary Services Inc.

LEAVE OF ABSENCE REQUEST FORM

An employee requesting time off with or without pay for more than 15 working days, must submit an approved and complete Leave of Absence Request Form to UAS HR at least two working days prior to the start of the leave. If the leave request exceeds 90 calendar days, UAS Executive Director must also approve. If additional time off is required after the 90 days, a new form must be submitted. Failure to submit a new form may be cause for termination of employment.

Please check appropriate box: CORPORATE AGENCY CONTRACTS & GRANTS

| | | | |
|---------------------------------------|-----------|---------------------------------|-------------------------|
| Last Name, First Name, Middle Initial | | Hire Date | Last four digits of SS# |
| Home Address (City, State, Zip) | | Home phone (area code & number) | |
| Name/phone ext. of direct supervisor | Job Title | Department | |

Date of Absence: Beginning Date _____ End Date _____

Reason for Absence: (In detail)

| Project Name | Account | Fund | Organization | Program | Project ID | Classification Code | Pay/Unit Rate |
|--------------|---------|------|--------------|---------|------------|---------------------|---------------|
| | | | | | | | |

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|---|---|-------------|
| Employee Signature | | Date |
| Supervisor Name | Signature - I hereby certify that this employee's Leave of Absence is in compliance with the project's regulations and his/her absence will not affect the progress of the project. (for C&G only) | Date |
| UAS HR Director Recommendations <input type="checkbox"/> PTO Accrual <input type="checkbox"/> Benefit continuation <input type="checkbox"/> Hold position | Signature | Date |
| UAS Executive Director (over 90 days) Approved <input type="checkbox"/> yes <input type="checkbox"/> no | Signature | |