ASU ARIZONA STATE UNIVERSITY

Leave of Absence and Hold Request Form

Leave Information

Employee Name: _____   Date of Request: _____

Employee Number: _____   Department Number: _____   Department Name: _____

Type of Leave Requested:

☐ Extended Leave with Qualified Medical Certification for Medical Leaves
Check One: ☐ Non-FMLA Medical   ☐ Personal   ☐ Educational

☐ Family Leave with Qualified Medical Certification
Check One: ☐ Continuous   ☐ Intermittent
Check One: ☐ Adoption/Placement   ☐ Birth   ☐ Employee Medical   ☐ Family Member

☐ Military Leave   ☐ Annual Training   ☐ Presidential Call Up

☐ Parental Leave
Check One: ☐ Continuous   ☐ Intermittent

☐ Sabbatical   *(All required documents have been submitted to Dean's Office)*

☐ Workers' Compensation – Last Date Worked: _____

Check One: ☐ Paid   ☐ Unpaid

Type of Request for Business Reasons:

☐ Administrative Leave   *(Manager Use Only)*

☐ Hold with Benefits   *(Required Agency Org No. _____ to cover ERE costs.)*

☐ Hold without Benefits   *(Employee will be sent COBRA rights.)*

Dates of Leave: From: _____   To: _____
(first day of leave)   *(proposed or revised return to work date)*

Reason:

I understand that If I do not return from my leave of absence at the expiration of this leave, unless prior written approval of an extension has been obtained, my employment may be terminated per the terms of SPP1011 or ACD 707.

Employee Signature (Print)	*Employee Signature*	*Date*

Supervisor Approval

Supervisor or Designee Name (Print)	*Supervisor or Designee Signature*	*Date*

Required for all Leave Requests

Budgetary Approval: (signature of VP, Dean, or Designee)	*Date*

Send to:

Department Leaves Manager
Benefits Design & Management   ☐ Original

- For Tempe or Polytechnic campus employees: Fax to 480-993-0007   ☐ Copy
- For Downtown Phoenix or West campus employees: Mail Code 2051 or Fax to 602-543-8412   ☐ Copy