DEPAUL UNIVERSITY 1 E. JACKSON BLVD CHICAGO, IL 60604

DePAUL UNIVERSITY PERSONAL LEAVE OF ABSENCE REQUEST PLEASE PRINT OR TYPE

OFFICE OF HUMAN RESOURCES BENEFITS DEPARTMENT 312/362-8500 phone 312/362-5116 fax

EMPLOYEE

NAME: Last	First		MI		EMPLOYEE ID NUMBER:			
DEPARTMENT:		CAMPUS:		CAMPU	S EXTENSION:			
EMPLOYMENT STATUS: O SALARY O HOURLY	SUPE	RVISOR'S NAME:		HAVE YOU NOTIFIED YOUR SUPERVISOR OF YOUR REQUEST TO TAKE THIS LEAVE?				

PERSONAL LEAVE

 Type of Leave: To Attend School; Course of study* Personal* Military Service 	Reason for Leave:	Supervisor Approval (Also subject to approval by VP of Human Resources): O Approved O Not Approved Comments:
---	-------------------	--

* This leave requires approval from your supervisor. Your supervisor will complete and return to Human Resources.

LAST WORK DAY: ANTICIPATED RETURN TO WORK DAY:

ACKNOWLEDGEMENT/AGREEMENT Please read carefully, sign and date to indicate that you have read and will comply with the terms of this policy.

I understand that if this request is approved, any extension of the Leave of Absence must be requested and approved in writing prior to the expiration of the leave. Failure to return to work at the end of an authorized leave can result in termination of employment, unless I have a reason, acceptable to the University, for my inability to return. In order to continue requested benefits coverage during leave, I must make arrangements with the Benefits Department for payment of any required premiums at the rates applicable to employees on Leaves of Absence. I also understand that this Leave of Absence may hold no guarantee of continued employment. During an unpaid leave, I will not accrue sick leave, vacation, or personal floating holidays and I am not eligible for any paid holidays. I understand that misrepresentation in requesting a Leave of Absence may result in disciplinary action up to and including discharge.

I agree to comply with the terms under which my lea	ave has been granted and will give the unive	ersity periodic status reports regarding n	y leave and expected return date.

	EMPLOYEE									
	SIGNATURE:					DATE:				
_										_

Requests for leave of absence must be reviewed by the Department of Human Resources for approval or denial.

HUMAN RESOURCES:

The request for the leave of absence is:	Reason for Denial
O Approved	O Does not meet eligibility requirements
O Denied	O The personal leave was not approved by Department Supervisor
If approved, first date of leave:	O Other:
HR Representative Name Title Signature	VP of HR Signature Date
Date	
All personal leave request forms are placed in the employee file	

All personal leave request forms are placed in the employee file.