

**PERSONAL LEAVE REQUEST FORM**

**Please Print, Type, or Write Legibly**

**Check one:** New Leave of Absence:  Revision of original request (superseding):  Extension of Leave:

Department Name: \_\_\_\_\_ College/Division: \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Position Title: \_\_\_\_\_ Check one: USPS:  A&P:  Faculty:

Employee's Name: \_\_\_\_\_  
 Last name First name Middle initial

Home Mailing Address: \_\_\_\_\_  
 Street Address/P.O. Box City State Zip

Home Email Address: \_\_\_\_\_ Campus Email Address: \_\_\_\_\_

Campus Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

**Reason for Leave: (attach additional sheet if necessary)**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Last Day of Work: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 I anticipate returning to my normal work schedule and duties on: Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 My leave will be: A Full Unpaid Leave:  A Full Paid Leave:  A Reduced Work Schedule Leave:   
 (A proposed work schedule must be attached)  
 While not working I will use accrued: Annual:  Compensatory:  Leave Without Pay (LWO):

*I understand and accept a leave of absence as stated on this page. I will not be working elsewhere unless stated above. I further acknowledge that I have read the "Employee and Department Responsibilities for Completion" page accompanying this form and I understand all of my leave responsibilities and the information provided therein:*

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Use by Department and Human Resources**  
**Department (Supervisor) must complete (Please type or print legibly):**

Payroll Processor: \_\_\_\_\_ email: \_\_\_\_\_  
 EPaf Processor: \_\_\_\_\_ email: \_\_\_\_\_  
 HR Liaison: \_\_\_\_\_ email: \_\_\_\_\_

**Approved**

Yes:  No:  **Signature Chair/Supervisor:** \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Campus Extension: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Yes:  No:  **Signature Dean/Director:** \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Campus Extension: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**For HR/Provost Use Only**

**The Provost has Final Approval for all Faculty personal leave of absence requests:**

This request for personal leave is approved: Yes:  No:  Approved as paid leave:  Approved as unpaid leave:

Provost or Designee \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**The Human Resources CHRO has Final Approval for USPS and A&P personal leave of absence requests:**

This request for personal leave is approved: Yes:  No:  Approved as paid leave:  Approved as unpaid leave:

Chief Human Resources Officer or Designee \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

## **Employee and Department Responsibilities and Instructions for Completion of Personal Leave Request Form**

1. Falsification of this request, or any documentation provided to support this request, is cause for immediate dismissal.
2. I understand that no later than the date stated in my leave letter (may be 60 days or less), I **must** complete an Intent to Return to Work Form, or I must request an extension of this leave of absence, or I must submit my written resignation. I understand that if I do not follow the university's leave procedure, I am subject to applicable disciplinary action. Any issues in obtaining forms or documentation by the date provided in my leave approval letter must be reported to my supervisor and/or the HR Leave Coordinator prior to the deadline for the submission of documentation in order for me to be in compliance with the university leave procedure. **I acknowledge that I am responsible for payment of my benefits premiums. It is my responsibility to either cancel my benefits or if, for any reason, the premiums are not deducted from my paycheck to immediately contact the HR Benefits Section at 407-823-2771 and make arrangements to pay for my premiums, otherwise they may be suspended.**
3. **This request for personal leave must have Department Approval/Signature by the Chair and Dean for Faculty or by the Supervisor and Director/Dean for USPS and A&P. Final approval for Faculty requests must be submitted to the Provost. Final approval for USPS and A&P must be submitted to Human Resources.**
4. An employee is on a "paid" leave of absence for Payroll and Records purposes if he or she is using accrued leave to remain in full pay status, or if the employee is using a combination of accrued leave and leave without pay. An employee is on an "unpaid" leave when they request the leave to be unpaid or they exhaust all of their accrued leave.
5. If this request for a personal leave of absence is recommended for approval as a "paid" leave, and the employee later exhausts all of his or her accrued leave an ePAF must be completed by the department and forwarded to Human Resources-Records. At the bottom of this form the Provost or HR Leave Coordinator has checked the current pay status the employee will be in during this leave. The leave approval letter is a source document and automatically places the employee on a personal leave of absence for payroll and records purposes; however, when an employee returns to work from a personal leave of absence the department must process an ePAF returning the employee back to active pay status.
6. If this is the first time you are requesting a personal leave of absence check the *new leave of absence* box; if you have already submitted a request for this leave, but the dates for the personal leave of absence or other information has changed since the original request was submitted, check *revision of original request*; if you are requesting an extension of a previously approved leave of absence that is ending, check the *extension of leave* box.
7. **Please do not leave any sections blank.** Enter your department name, College/Division, Employee Identification number, job title and check the appropriate pay plan to indicate whether you are a USPS, A&P, or Faculty employee. Enter your last name, first name, and middle initial. Enter your home mailing address, home email address and campus email address. Enter your campus phone number, home phone and cell phone numbers (including area codes).
8. State your last day of work and the date your leave will begin and end, plus the date you will return to work.
9. Check a box indicating if you are requesting a *full unpaid*, a *paid* leave, and/or a *reduced work schedule* leave. During an unpaid leave an employee is not working and not receiving pay. While on a paid leave an employee is not working and is using accrued leave or a combination of accrued leave and leave without pay. A reduced work schedule leave is when an employee is requesting a change in their normal work hours, from full-time to less-than-full time. When requesting a reduced work schedule leave, the employee must attach a proposed work schedule.
10. If any part of your leave will be paid, check the box that applies to the type of accrued leave you have and will use. **Please note that you are responsible for your benefits premium payments and if you do not have sufficient accrued leave or if you run out of accrued leave you must contact the HR Benefits Section at 407-823-2771 to make arrangements to pay for your benefits premiums or your benefits will be suspended and unusable until all back payment is received and processed. To cancel your benefits you must contact PeopleFirst directly within sixty (60) days of the start of your leave; otherwise, you will be responsible for all back owed premiums.**

11. Faculty employees should submit the Personal Leave Request Form and a summary of their reason for the request to the department chair, who will approve or disapprove the request and forward it to the dean for approval or disapproval. The request form must then be sent to the Provost for final approval. The Provost's office will forward it to Human Resources. The final approval or denial authority for Faculty personal leaves of absence has been delegated to the Provost.
12. USPS and A&P employees should submit the Personal Leave Request Form and a summary of the reason for the request to his or her immediate supervisor, who will approve or disapprove the request and forward it to the department head, director and/or vice president for approval or disapproval. The department will forward it to Human Resources for final approval. The final approval or denial authority for USPS & A&P personal leaves of absence has been delegated to the Director of Human Resources.
13. Please note that the Intent to Return to Work Form is required for all employees who are returning to work from a Personal Leave of Absence.
14. **Please note that the department must process an ePAF when an employee returns to work from a personal leave of absence in order to return the employee back to active pay status.**

You will receive notification of approval or denial of the requested leave of absence via email (if address is provided) and regular mail. Questions regarding this form should be directed to the Leave Administration Section at 407-823-2771, or you may email questions to [loaandworkcomp@mail.ucf.edu](mailto:loaandworkcomp@mail.ucf.edu)