

Leave of Absence Request Form

Section 1: To Be Completed by the Employee

Name:	Department:
Preferred Phone:	Preferred Email:
Supervisor:	<input type="checkbox"/> Support Staff <input type="checkbox"/> Administration <input type="checkbox"/> Faculty
Work Schedule: S M T W Th F S	Hours worked per week:

Anticipated Leave Dates

Start date:	Return to work date:
<input type="checkbox"/> Continuous Leave <input type="checkbox"/> Intermittent Leave <input type="checkbox"/> Reduced Work Schedule	

Reason For Leave

<input type="checkbox"/> Own Illness (not work related)	<input type="checkbox"/> Work-Incurred Injury
<input type="checkbox"/> Own Injury (not work related)	<input type="checkbox"/> Military Caregiver Leave
<input type="checkbox"/> Family Member Injury/Illness	<input type="checkbox"/> Military (Member/Family)
Family Member Relationship _____	<input type="checkbox"/> Pregnancy Medical Care
	<input type="checkbox"/> Care for Newborn/Placed Child
	Date of Birth/Placement __/__/__

Note: Human Resources will interact with you to ensure all applicable leave benefits are received.

Employee's Signature:	Date:
Supervisor's Signature:	Date:
Comments:	

Section 2: To Be Completed by Human Resources

Extended Illness Benefit Eligibility (EIB)/Sick Leave		
<input type="checkbox"/> Leave is eligible for EIB/Sick Leave	Begins on: _____	Ends on: _____
<input type="checkbox"/> Leave is not eligible for EIB/Sick Leave		

Pay Status Eligibility During Leave			
Support Staff	Administrative	Eligible Dates	
PTO (Qualifying Period)		Begins on: _____	Ends on: _____
Extended Illness Benefit (EIB)*	Sick	Begins on: _____	Ends on: _____
Planned Time Off (PTO)	Vacation	Begins on: _____	Ends on: _____
Leave without Pay	Leave without Pay	Begins on: _____	Ends on: _____

* Support Staff will complete EIB Time Reporting Form

Actual Leave Dates	
Date(s) Absent:	Date returned:

Human Resource's Signature:	Date:
Comments:	