

Employee Information

Employee Name _____ UID _____

Hire Date _____ Work Phone _____ Cell Phone _____

Department _____ Dept. Head Name _____

Supervisor Name _____ Supervisor Phone _____

Leave Information

Leave Begin Date _____ Leave End Date _____

Please give a brief description of why leave is needed.

Employee Signature

I have discussed the leave request with my supervisor and/or department head. I understand that I will not accrue any type of leave during any month which more than one-half is spent in a leave without pay status. I understand that while I am on a leave of absence without pay, I am responsible for **paying the employee portion of my health insurance and any optional insurance that I have.** Should I go off the payroll for one full calendar month (leave without pay), I **will also be responsible for paying the employer portion of the health insurance.** If I elect to continue my insurance during this period of leave of absence, I understand that I must submit premium payments for my benefits by the 15th of each month to Human Resources. If I choose to suspend my insurance during my leave, I must submit a Request to Suspend Coverage and upon my return to work, I must complete an Enrollment form to reinstate my coverage.

Employee Signature _____ Date _____

Required Approvals

A leave of absence, not to exceed one year, may be granted for justifiable absences for personal and/or medical reasons under certain circumstances and are usually unpaid. Factors which the University may consider, include (1) extraordinary circumstances that justify keeping the position open or vacant for the employee (2) whether or not it is in the best interest of the institution, or (3) whether the employee performs a unique service or possesses unique qualifications that are required for the position.

If you are not the final level of approval, please sign recommending your approval/denial of the request. Final approving authority is determined based on the length of leave request as indicated on the chart below.

Immediate Supervisor: _____ Approved _____ Denied _____ Supervisor Signature: _____

Period of Leave Requested	Approving Authority	Name	Signature	Date	Approve or Deny? If deny, provide reason.
1 day to 6 months	Faculty: Chair and Dean, as applicable Staff: Director/Dept Head				
6 months to 1 year	Faculty: Provost Admin/professional staff: VP for respective division. Clerical/support staff: AVP/Chief HR Officer				