

REQUEST FOR EMPLOYEE LEAVE

TYPE OF LEAVE REQUESTED		
<input type="checkbox"/> Leave without Pay	<input type="checkbox"/> Research Assignment Leave (full pay)	<input type="checkbox"/> Study Research Leave (half pay)
<input type="checkbox"/> Return from Leave with Pay	Effective Date/Time:	AM PM
<input type="checkbox"/> Return from Leave without Pay	Anticipated Date of Return:	

Employee ID Number	Employee Name		
	Last	First	Middle Initial
Position Number	Title or Rank		
Department Number	Department Name		

Mailing Address (for tax withholding statements)	Type of Appointment
	<input type="checkbox"/> Regular <input type="checkbox"/> AY <input type="checkbox"/> Restricted <input type="checkbox"/> CY
	Work Schedule, if other than M-F:

Leave without Pay

Education**

Medical* (Traditional Sick Leave Program ONLY)
(Medical certification required)

Family and Medical Leave Act*
(Medical certification required)

Self Family Member

Personal Reasons**

Workers' Compensation*

Military*** (Military orders required)

Leave with Pay (Faculty)

Research Assignment Leave with Full Pay Study

Research Leave with Partial Pay

Educational Leave with Partial Pay

Current Salary: Requested Salary:

Layoff

Leave-Without-Pay/Layoff (12 Months)*

Leave-Without-Pay/Temporary Work Force Reduction (MAX of 690 hours in 365 day period)*

Employee wishes to continue the following benefits while on LWOP (Bursar's Office will bill monthly.) **

Health Insurance

Accidental Death and Dismemberment

Long-Term Disability (Classified Only)

Optional Life Insurance

Retain Leave Balances While Out Yes No

Human Resources Use Only

Official Military Orders Received

Military Leave Worksheet

Physician Letter Received

Leave Balances

_____ Annual _____ Tech System

_____ Sick _____ State System

_____ Compensatory

Leave Share

Employee is applying for leave share

Required	Dept Head or Director	_____	_____	_____
		Print Name	Signature	Date
If Leave with Pay	Senior Management	_____	_____	_____
		Print Name	Signature	Date
	Provost	_____	_____	_____
		Print Name	Signature	Date

* Medical Benefits are continued with employee paying their portion of premium.

** Employee pays full premium to continue medical benefits.

*** Medical benefits may be continued under extended coverage with employee paying their portion of premium.

REMINDERS FOR SALARIED EMPLOYEES

Responsibilities of the Department for Leave without Pay:

1. Inform the employee of the provisions related to their specific Leave Without Pay status (see page 1).
2. Promptly enter the employee's final report in the leave system.
3. Academic year (AY) employees with deferred pay will receive total payment for this balance when going on leave without pay.
4. Include the forwarding address on the *Notice of Employee Leave of Absence Without Pay Form* if possible, for tax documents

Responsibilities of the Employee:

1. Contact *Accounts Receivable* to settle outstanding fines, loans or other accounts receivable.
2. If paycheck is electronically deposited, contact the *Office of the University Bursar*, as early as possible prior to leave status, if any changes are needed.
3. Submit final leave report within 3 days of the effective date of leave.
4. Academic year (AY) employees with deferred pay will receive total payment for this balance when going on leave without pay.
5. Review the impact of leave on Benefits – see below.