

Staff & MPP Request for Leave of Absence without Pay

Employee's Name: _____ Leave Begin Date: _____

Department: _____ Leave End Date: _____

Reason for Leave: _____

Reasons for leave:

- Loan of an employee to another governmental agency
- Family leave
- Outside employment that would lessen the impact of a potential layoff or a layoff
- Temporary incapacity due to illness or injury or periods of disability related to pregnancy
- Student teaching, as required for employees enrolled in credential programs
- Other satisfactory reasons

Please contact HR Benefits at ext. 75143 to continue benefits while on leave.

Section A: Please note the following deadlines for approval decisions and forwarding to the next level.

Department Manager (print name)

Signature

Date

Note: Department Manager **MUST** meet with Human Resources to discuss employee eligibility prior to forwarding to Department Head or AVP/Director/Dean.

Please complete and forward to Department Head within 5 days of receipt.

Section B: Please note the following deadlines for approval decisions and forwarding to the next level.

Department Head (If applicable- print name)

Signature

Date

Please complete and forward to AVP/Director/Dean within 5 days of receipt.

AVP/Director/Dean (print name)

Signature

Date

Please complete and forward to Division Vice President within 10 days of receipt.

Vice President (print name)

Signature

Date

Please complete and forward to Human Resources within 10 days of receipt.

Section C: For HR use only.

HR Representative (print name)

Signature

Date

Please complete and forward to Department Manager within 10 days of receipt.