



Non-Bargaining Leave of Absence Application

Human Resources
1300 Seibert Administration Building
Phone (269) 387-3620 • Fax (269) 387-3441

Name		Social Security No.	Employee ID No.
Home Address—Number and Street		City	State Zip Code
Home Phone ()		University Department	
Date Leave Begins		Date Leave Ends	
Purpose of Leave (please do not provide personal medical information on this form)			
Type of Leave Requested			
<input type="checkbox"/>	Personal Leave of Absence		
<input type="checkbox"/>	Unpaid Sick Leave of Absence (requires a supporting physician's statement; please attach)		
<input type="checkbox"/>	Professional Development Leave of Absence	<input type="checkbox"/> Paid	<input type="checkbox"/> Unpaid
	(requires written proposal describing in detail the activity proposed during the leave; please attach)		
<input type="checkbox"/>	Convenience Leave of Absence		
Employee's Department —Please Note:			
1. If the requesting employee will enter non-pay status, the employee's department must complete a Transaction Form (HRST or HRFT) and attach it to this form.			
2. When the employee returns to active payroll status, the employee's department must complete and send to Human Resources another Transaction Form (HRST or HRFT).			
This leave of absence application is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Required Signatures			
Employee		Date	
Department Manager		Date	
Vice President		Date	
Copies and Routing:			
1. Employee —Complete and attach any required documentation. Make a copy of this form and any required documentation. Keep the copies and forward original(s) to your department manager.			
2. Department Manager —Complete and attach any necessary Transaction form. Make a copy of the form and any attachments. Forward original(s) to the appropriate Vice President.			
3. Vice President —Complete, make copies if desired, and forward original(s) to Human Resources—Benefits.			