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| **Employee** | | | | | | | | | | | | | |
| Request for:  New Leave or  Extension of Existing Leave | | | | | | | | | | | | | |
| Name | | | | | | | | | | Employee ID No. | | | |
| Click here to enter text. | | | | | | | | | | Click here to enter text. | | | |
| Department | | | | | Date Leave Begins | | | | | Date Leave Ends | | | |
| Click here to enter text. | | | | | Click here to select a date. | | | | | Click here to select a date. | | | |
| Purpose of Leave (Do **not** provide specific medical information here.) | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| Type of Leave Requested (Please contact your HR Representative to discuss benefits continuation or FMLA.) | | | | | | | | | | | | | |
|  | Medical – Unpaid (Not-FMLA, attach supporting physician’s statement with return to work date included.) | | | | | | | | | | | | |
|  | Military – Unpaid (Attach copy of military orders.) | | | | | | | | | | | | |
|  | Personal – Unpaid | | | | | | | | | | | | |
|  | Professional Development: | | | Unpaid | | Paid | | (Exempt staff only. Attach proposal of leave activities.) | | | | | |
|  | University Convenience Leave – Unpaid | | | | | | | | | | | | |
| Employee Signature | | | | | | | Date | | | | | | |
|  | | | | | | |  | | | | | | |
| Employee: Complete and attach any required documentation. Make a copy of this form and any attachments. Keep the copy and forward original to your department manager. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Department and Dean (if applicable)** | | | | | | | | | | | | | |
| Military Leave Request: | | Acknowledged | | | | | | | | | | | |
| Medical, Personal, Professional Development or University Convenience Leave Request: | | | | | | | | | | | Approved | | Denied |
| Department Manager Signature | | | | | | | Date | | | | | | |
|  | | | | | | |  | | | | | | |
| Dean Signature | | | | | | | Date | | | | | | |
|  | | | | | | |  | | | | | | |
| Department: Make a copy of form and any attachments for your records. If leave request is acknowledged or approved, forward original to the appropriate vice president. If leave request is denied, return original to employee. *Leave approval contingent upon vice presidential approval and employee meeting eligibility requirements as determined by Human Resources.* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Vice President** | | | | | | | | | | | | | |
| Military Leave Request: | | Acknowledged | | | | | | | | | | | |
| Medical, Personal, Professional Development or University Convenience Leave Request: | | | | | | | | | | | Approved | | Denied |
| Vice President Signature | | | | | | | Date | | | | | | |
|  | | | | | | |  | | | | | | |
| Vice President: Make a copy of form and any attachments for your records. If leave request is acknowledged or approved, forward original to Human Resources. If leave request is denied, send copy to department and return original to employee. *Leave approval contingent upon employee meeting eligibility requirements as determined by Human Resources.* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Human Resources** | | | | | | | | | | | | | |
| Employee meets eligibility requirements for requested leave: | | | | | | | Yes | | No | | | | |
| Comments: | | | | | | | | | | | | | |
| HR Rep: | | | Date: | | | | HRA: | | | | | Date: | |
| JOB: | | | Health/COBRA: | | | | Life: | | | | | LTD: | |