

Request for Leave of Absence

Employee Name: _____ Date: _____

Building/Dept: _____ Position: _____ Hours/FTE: _____

Leave Type:

- | | |
|--|--|
| <input type="checkbox"/> Unpaid Parental Leave | <input type="checkbox"/> Judicial |
| <input type="checkbox"/> Family Emergency | <input type="checkbox"/> Working in a related field |
| <input type="checkbox"/> Study/Educational | <input type="checkbox"/> Other (please specify): _____ |

Partial FTE Reduction: Current Contract FTE: _____ Requested Leave FTE: _____

Duration of Leave: Begin Leave Date: _____ End Leave Date: _____

Describe the circumstances of your request to take leave from your assignment:

Employee Signature _____ Date _____

Principal or Supervisor Signature _____ Date _____

Principal/Supervisor signature only indicates acknowledgement and is not an indication of approval. Approval or denial will be sent from Human Resources.

FOR HUMAN RESOURCES USE ONLY

Request Approved Request Denied

Comments:

HR Approval: _____ Date: _____

Letter Staffing Profile Board Agenda