

## Request for Leave of Absence

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Building/Dept: \_\_\_\_\_ Position: \_\_\_\_\_ Hours/FTE: \_\_\_\_\_

**Leave Type:**

- |                               |   |
|-------------------------------|---|
| Unpaid Parental Leave         | Sabbatical                                |
| Family Emergency              | Judicial                                  |
| Study/Educational             | Working in a professionally related field |
| 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: \_\_\_\_\_

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