

UNION COLLEGE

REQUEST FOR LEAVE OF ABSENCE

Date: _____

NAME: _____ Employee ID#: _____

DEPARTMENT/OFFICE: _____

DATE LEAVE BEGINS: _____ EXPECTED DATE OF RETURN: _____

PURPOSE OF LEAVE: Family Death Military Leave
 FMLA Professional Leave (Specify under Comments)
 Illness Vacation
 Jury Duty Other (Explain under Comments)

COMMENTS: _____

EMPLOYEE

DATE

Approved

Disapproved

DIVISION/ CHAIR DIRECTOR

DATE

Approved

Disapproved

VICE PRESIDENT

DATE

Approved

Disapproved

PRESIDENT

DATE

IF REQUEST IS DISAPPROVED, PLEASE STATE COMMENTS ON BACK OF THIS FORM

FOR USE BY COORDINATOR FOR PAYROLL AND BENEFITS

COMPENSATED LEAVE

NON-COMPENSATED LEAVE

DATE RECEIVED _____

BY _____