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

[ ] Approved [ ] Disapproved _____________________________

DIVISION/ CHAIR DIRECTOR

[ ] Approved [ ] Disapproved _____________________________

VICE PRESIDENT

[ ] Approved [ ] Disapproved _____________________________

PRESIDENT

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

FOR USE BY COORDINATOR FOR PAYROLL AND BENEFITS

[ ] COMPENSATED LEAVE DATE RECEIVED ____________________________
[ ] NON-COMPENSATED LEAVE

BY ____________________________

FORM REQ. FOR LEAVE/ABSENCE LL

REV. DATE 07/31/12