



LEAVE OF ABSENCE REQUEST  
(Other than Required Family or Medical Leave)

Name \_\_\_\_\_ Date \_\_\_\_\_  
Department \_\_\_\_\_ Title \_\_\_\_\_  
Status: Full-Time Part-Time Phone # \_\_\_\_\_

To Be Completed By Employee

Leave to start \_\_\_\_\_ Expected Return Date \_\_\_\_\_  
\_\_\_\_\_ With Pay \_\_\_\_\_ Without Pay  
\_\_\_\_\_ PTO  
\_\_\_\_\_ Long Term Sick

All requests for paid or unpaid leave of absence must be accompanied by the appropriate documentation (e.g. Military Orders, Subpoena, Physician Documentation, etc.)

Reason: Personal  
Medical  
\_\_\_\_\_ Other  
\_\_\_\_\_ Educational

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please refer to the Personnel Policy Handbook – Leave of Absence (see attached) for complete explanation of policy.

I understand that if I do not return ready to work on the above date or contact the Personnel Department, it will be considered a resignation without notice.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Leave Approval

Director of Human Resources \_\_\_\_\_ Date \_\_\_\_\_

Payroll Instructions

\_\_\_\_\_  
\_\_\_\_\_