

REQUEST FOR LEAVE OF ABSENCE FOR EXEMPT AND NONEXEMPT STAFF

To be used by Staff for a leave of two weeks or more without pay. For detailed information, see Leave of Absence section in your Staff Guide.

Instructions:

1. Staff Member:
 - a) Complete Part I in duplicate.
 - b) Submit to Supervisor for approval.

2. Supervisor:
 - a) Complete Part II.
 - b) Inform Staff Member of determination.
 - c) If granted, retain original and send copy to Human Resources.

Part I (to be completed by Staff Member)

Staff Member's Name: _____

Department: _____

Requested Date of Leave: _____ Date of Return to Work: _____

Reason for Leave: _____

It is my understanding that failure to return on the above date or failure to notify my supervisor, in writing, that I desire an extension could result in termination of my employment.

Staff Member's Signature: _____ Date: _____

Part II (to be completed by Supervisor)

Do you give your approval for this leave of absence? Yes No

If request is denied, please explain: _____

Supervisor's Signature: _____ Date: _____