

REQUEST FOR LEAVE OF ABSENCE WITHOUT PAY

Departmental Recommendation Form

Approval for a leave of absence without pay requested by and for:

Department _____

Employee Name _____

Employee ID _____

Home Address _____

City _____ State _____ Zip _____

From: _____ Through: _____
*(Leave Begin Date) (Leave End Date)

*The next day after the last day in pay status (pay status includes usage of paid leave day(s).)

Please check appropriate blanks:

The employee is temporarily disabled. (Attach physician's statement and Medical Determination form.)

The employee wants to apply for long-term disability. (Assure employee contact with Staff Benefits.)

The absence is due to a work-related injury. (Assure employee's submission of 1101-A Accident Report Form.)

The employee has been informed of Family and Medical Leave Act (FMLA) provisions and has been notified that his/her leave has been designated by the University as FMLA covered. (Attach Notice of FMLA Coverage.)

The employee has requested FMLA coverage. (Attach FMLA Employee Request Form.)

The request is for a non-medical leave for a "reasonable period of time consistent with the effective fulfillment of agency duties." (Please provide a brief statement of the circumstances justifying the leave of absence.)

The request is for an extension of an authorized leave of absence without pay. (Please provide a brief statement of justification for extending the leave. If medical leave, attach Medical Determination form.)

Please advise the employee of the following:

- The employee has the option of using or not using paid leave prior to going on leave of absence without pay. The use of available sick leave is encouraged if the leave is due to non-work-related medical reasons as sick leave cannot be paid if the leave should run longer than the 12 month period allowable and the employee is unable to return to work.
- Available sick leave must be used if the leave without pay is due to occupational injury or illness.
- All sick and vacation leave must be used before requesting FMLA leave without pay coverage.
- The use of annual leave is optional in any leave of absence situation, except when requesting FMLA leave without pay.

Department Head Signature _____ Date _____

Submit this form to Human Resources & Equal Opportunity, 103 Carruth-O'Leary Hall. Please send copy of completed form to appropriate Dean, University Director, Associate Provost or Vice Chancellor.