

LEAVE OF ABSENCE REQUEST FORM

NAME: _____ DATE: _____

POSITION: _____ DEPARTMENT: _____

I request a leave of absence in conjunction with any/all vacation, comp time, sick leave or non-duty time to which I may be entitled and/or appropriately charged during the period from _____ to _____ for the reasons stated below:

- | | |
|--|--|
| <input type="checkbox"/> Parental Leave (BP & AP 7340) | <input type="checkbox"/> Extension |
| <input type="checkbox"/> Family Leave (AP 7347) | <input type="checkbox"/> Extension |
| <input type="checkbox"/> Other Leave (BP & AP 7340) | <input type="checkbox"/> Extension |
| <input type="checkbox"/> 100% Leave Requested | <input type="checkbox"/> Partial Leave Requested |

Explain purpose of leave below. If requesting a partial leave, please explain how the leave will be taken (hours per week, new proposed work schedule, etc.):

Attach additional sheets if necessary

Signature _____ Date _____

(For payroll) **BALANCES** in hours at start of leave:

Sick Leave: _____ Vacation: _____ Comp Time: _____

DEPARTMENT: Supports Request Does Not Support Request
(Department approval required for "Other Leaves" only)

Supervisor Signature _____ Date _____

Dean/Director Signature (if applicable) _____ Date _____

Cabinet Level Administrator Signature _____ Date _____

Comments: _____

BOARD ACTION REQUIRED FOR ALL LEAVES IN EXCESS OF 30 DAYS:

- Approved Denied Board Meeting: _____