

**REQUEST FOR PERSONAL LEAVE OF ABSENCE**  
HUMAN RESOURCES



Name \_\_\_\_\_  
Department \_\_\_\_\_  
Position Title \_\_\_\_\_  
L # \_\_\_\_\_

Type of Employee  
☐ Classified  
☐ Faculty  
☐ Management

Period of Leave: First Day of Leave \_\_\_\_\_ Return-to-Work Date \_\_\_\_\_  
Extension from \_\_\_\_\_ to \_\_\_\_\_

Reduction in work load from \_\_\_\_\_ to \_\_\_\_\_ FTE for the period of leave.

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that all approvals of this request are conditional pending certification by the Chief Human Resources Officer and that all conditions affecting this leave have been mutually agreed to in writing.

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

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**Supervisor:** I recommend that this leave request be ☐ Approved ☐ Denied ☐ Reviewed for the following reasons:

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Vice President:** I recommend that this leave request be ☐ Approved ☐ Denied ☐ Reviewed for the following reasons:

Vice President Signature \_\_\_\_\_ Date \_\_\_\_\_

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**President:** This request is: ☐ Approved ☐ Denied contingent upon certification by the Chief Human Resources Officer that all conditions affecting this leave have been mutually agreed to in writing.

President Signature \_\_\_\_\_ Date \_\_\_\_\_

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- ☐ All conditions affecting this leave have been mutually agreed to in writing and the leave is approved as above  
(Conditions affecting leave are attached)  
☐ Leave has been denied for the following reason(s):  
\_\_\_\_\_  
\_\_\_\_\_

Chief Human Resources Officer  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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Employees on paid/unpaid leave (except vacation) in excess of ten (10) working days are required to complete this form.