

NON MEDICAL LEAVE OF ABSENCE REQUEST

To Be Completed by Employee and Submitted to Supervisor/Manager

Employee's Name: _____ Employee ID: _____

Division/Department: _____

Dates of Leave Requested: From _____ To _____

Educational Leave of Absence – 30 days notice required; attach appropriate documentation (i.e., acceptance letter)

Personal Leave of Absence – 30-day increments up to 90 calendar day maximum

Military Leave of Absence – Attach copy of military orders; provide notice as soon as possible

Each type of leave is subject to the standard policies regarding that particular type of leave, including whether such leave is paid or unpaid leave.

I intend to return to work

I **will not be** returning to work

Address While on Leave: _____

Phone Number While on Leave: _____

Email Address While on Leave: _____

Name of Person who Completed Form (*if other than employee*): _____

I certify that the above information is true and correct to the best of my knowledge. I understand that any misrepresentation concerning the above facts can result in dismissal.

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____