

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 _____ for the reasons stated below:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> PARENTAL LEAVE (Board policies V.E5 - faculty/VI.E2 - classified) | <input type="checkbox"/> Extension |
| <input type="checkbox"/> FAMILY LEAVE (Board policies V.E6 - faculty/VI.E3 - classified) | <input type="checkbox"/> Extension |
| <input type="checkbox"/> OTHER (Board policies V.E1 - faculty/VI.E1 - classified) | <input type="checkbox"/> Extension |

Attach additional sheets if necessary

Signature _____ Date _____

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

Sick Leave: _____ Vacation: _____ Comp Time: _____

"OTHER" LEAVES ONLY:

DEPARTMENT: Supports Request Does Not Support Request

Supervisor Signature _____ Date _____

Dean/Director Signature (where applicable) _____ Date _____

Cabinet Level Administrator Signature _____ Date _____

COMMENTS:

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

Approved Disapproved Date: _____