



Unpaid Leave of Absence Request

Name: _____ Employee ID #: _____

Position Title: _____

Department: _____ Location: _____

Effective Dates of Requested Leave: From: _____ Through: _____

This Request is for: Full Assignment

OR

Reduction in Hours from _____ hours/week to _____ hours/week

Is there any other leave available to you during this time?

	Leave Accrual Balance	Payroll Verification
Annual Leave	_____	_____
Comp Time	_____	_____
Personal Holiday	_____	_____

Statement of reason(s) for this request:

Employee Signature: _____ Date: _____

Supervisor's Comments and Recommendations:

Supervisor's Signature: _____ Date: _____

Senior Staff Signature: _____ Date: _____

Human Resources' Recommendation:

Director, Human Resources Signature: _____ Date: _____

President's Recommendation: Approve Deny

President Signature: _____ Date: _____