



Leave of Absence Form

Name: Last First Middle

Net ID or ndID: Position Number¹:

Position Title:

Employing Department Name: Employing Organization #:

Reports To:

Type of Leave:

FMLA/Self FMLA/Family Other (Specify) Sick Academic (Faculty only) Military (attach copy of orders) Personal

Paid Leave: Unpaid Leave:

Start of Paid Leave: End of Paid Leave: Start of Unpaid Leave: Return to Paid Status:

Faculty ONLY:

Full Pay Part Pay, if Part Pay: %

Comments:

Approvals:

Table with 3 columns for Supervisor, Budget Administrator, and Department Head/Dean. Rows include Signature, Name, Title, Date, and Phone Number.

If Faculty Leave of Absence, Provost Office Approval is Required

Signature: Name: Title: Date: Phone Number:

Footnotes: (1) Position number is found on position inventory reports or by contacting the Office of Budget & Planning.

After all necessary signatures have been obtained, please route completed form to the appropriate office as follows: 911 Grace Hall - Office of Research for Post Doc; 300 Main Bldg. - Provost Office for Faculty; or 200 Grace Hall - Human Resources for Staff

For Human Resources Use Only:

With Benefits OR Without Benefits: If Without Benefits, Benefit End Date: Start of Self Pay: