



Human Resource Services

REQUEST FOR LEAVE (non-medical)

SECTION I: TO BE COMPLETED BY EMPLOYEE

INSTRUCTIONS: This form is to be filled out by the employee and returned to Human Resource Services with the appropriate documentation and signatures. You must obtain approval prior to beginning your leave.

Date of Request: _____ Employee's Name: _____ ID# _____

Position Title: _____ Department: _____

Classification: Faculty Administrator CAST Classified

Begin date of Leave: _____ Expected Return Date: _____ Percentage of Leave _____%

I request a leave for the following reason (check only one)

Personal Leave

Educational Leave

Military Leave

Reason for leave:

Acknowledgment: I understand that if I am granted a leave without pay, I will not accrue sick or vacation leave. I may choose to continue my insurance coverage by arranging full payment with Human Resource Services.

Employee Signature

Date

SECTION II: ROUTE FOR SIGNATURES (Prior Approval Required)

Supervisor/Chair/Director

Comments:

☐ Approve

☐ Disapprove

Signature

Date

Dean/Director :

Comments:

☐ Approve

☐ Disapprove

Signature

Date

Executive Administrator

Comments:

☐ Approve

☐ Approve as amended

☐ Disapprove

Signature

Date

SECTION III: HUMAN RESOURCE SERVICES

☐ Approve

☐ Approve as amended

☐ Disapprove

Pay Status during leave: ☐ With Pay ☐ Without Pay

Benefit Status during leave: ☐ No effect on Benefits ☐ Without benefits

HRS Vice President/Manager Signature

Date

Comments:

Governing Board Date _____

Date Entered _____

Leave begin date _____

Leave end date _____