



LEAVE OF ABSENCE REQUEST



PERSONAL DATA

Employee's Name: _____ Employee ID: _____

Department: _____ Position: _____

Date of Hire: _____ Leave of Absence Dates, From: _____ To: _____

Have you had a previous Leave of Absence? () Yes () No, If YES, when _____

For what reason? _____

Reason for Leave:

- () Education Leave (up to 12 months continuous leave) - Must be job-related in that it leads to an advanced degree or increased job competencies.
- () Sick Leave (up to 12 months continuous leave) - Can be granted for an extended illness.
- () Personal Leave (up to 6 months continuous leave) - Must be for a justifiable reason and must not unduly interfere with normal University business.
- () Child Care Leave/Extended Maternity Leave (up to 6 months continuous leave) - Will be granted on the same basis as personal leave.
- () Special Leave (up to 6 months continuous leave) - Will be granted in special cases when it is in the best interest of the University and the employee.

If the absence is for medical purposes, a release form must be submitted to Human Resources to allow Human Resources to communicate with the appropriate physician.

Justification for Leave of Absence: (continue on additional page if necessary)

Applicant Signature: _____

Date: _____

Supervisor: () Approved () Disapproved

If disapproved, please explain?

Signature: _____ Date: _____

Director, Dean, Approving Authority or Vice Chancellor: () Approved () Disapproved

If disapproved, please explain?

Signature: _____ Date: _____

Senior Vice Chancellor: () Approved () Disapproved

If disapproved, please explain?

Signature: _____ Date: _____

IF LEAVE OF ABSENCE IS APPROVED THE FOLLOWING APPLIES:

1. This Leave of Absence will be used in conjunction with any accrued leave balances. After exhaustion of those balances, the approved leave will become a Leave of Absence without Pay.
2. Health and life insurance may be continued during a Leave of Absence without Pay, but the total cost of such benefits must be borne by the employee, the employee must pay the University portion and the employee portion of the applicable premium.
3. The employee's medical insurance and/or life insurance will be terminated unless payment is received by the first of the month for the entire cost of the benefit. Please contact the Human Resources Benefits Administrator to discuss amounts and remittance procedures prior to the beginning of the Leave.
4. Employees must return to work on the first work day after the approved Leave of Absence terminates. If returning early, appropriate approval must be obtained. If leave is for medical purposes, a release from a physician indicating ability to Return to Work must be submitted.
5. If it is necessary to request an extension for an approved Leave of Absence, the employee must notify his/her supervisor at least 7 business days prior to the end date of the approved Leave of Absence. A New Leave of Absence Request form will be required to request an extension. If the extension is for medical reasons, a statement from the attending physician will be required to validate the extension.
6. Failing to return to work at the appointed time without prior notification and approval on the Leave of Absence Request for as stated in number 5, or seeking and accepting other employment without previous authorization, constitutes an automatic resignation and subsequent loss of benefits.

I certify that I understand the conditions of the Leave of Absence.

Applicant Signature: _____ Date: _____

If approved, the supervisor is responsible for submitting the appropriate action through the on-line system at www.troyuniversityjobs.com/hr to begin and end the Leave of Absence.