Leave of Absence (LOA) Request Form

Name: _____ **EID #:** _____ **Today's Date:** _____

Department: _____ **Position:** _____

In general, leaves of absences for a period of **more than three (3) weeks will not be approved**, except as required by law. Instead you will need to terminate your employment and re-apply for an open position once you return

Dates Requesting for Leave: _____

Date Will Return to Work: _____

Reason: _____

_____

_____

_____

_____

CORE Team Members and Supervisors Only:
Using Paid Time Off Days? ☐ Yes   ☐ No   Number of days requesting:
Dates Requesting to use PTO:
Using Floating Holiday Pay? ☐ Yes   ☐ No   Number of days requesting:
Dates Requesting to use FHP:

Please sign below and submit this form to your department's scheduler.

By signing below, I understand that this is only a request and can only be taken with approval. I understand that I am expected and required to report for work at the conclusion of a denied Leave of Absence. **Failing to do so will result in a Quit Without Notice status.****

Signature of Requestor:_____ Date: _____

Remember, this is only a request and can be denied due to business needs. This form is must be submitted at least two (2) weeks prior to the requested time off.

HR scheduling use only:	
Received by:	**Date:**

Full-Time Human Resources Approval:	
☐ APPROVED	☐ DENIED
Human Resources Name:	
Human Resources Signature:	Date:
Full-Time Supervisor Approval:	
☐ APPROVED	☐ DENIED
Supervisor Name:	
Supervisor Signature:	Date:

Office Use Only	
If Approved: ☐ Logged in LOA Tracker ☐ Logged on Availability Template ☐ Inputted on Time Off ☐ Notated on Service Log	If Denied, please state reason below: _____ _____ _____ _____ _____ ☐ Notified Team Member of the reason ☐ Notated Conversation on Service Log ☐ Logged in LOA Tracker

Completed by: _____ **Date:**_____