

**LEAVE OF ABSENCE REQUEST FORM**  
**University Services**

This form is for leave of absence requests in which the employee is not eligible for or has exhausted FMLA, or wants to take extended time away for personal reasons. Decisions to approve will be made on a case by case basis. It is important to submit the form in a timely manner in accordance with bargaining unit, Civil Service and P&A rules. The form must be submitted and approved before the leave begins. Please contact employee benefits at 612-624-8647 to understand the impact to benefits during an unpaid leave of absence.

**Employee Information:**

Today's Date:	Department:
Employee Name:	Employee ID:

**Leave Request:**

Start Date of Leave:	End Date of Leave:	Date Return to Work:
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**Select reason, sign and obtain approvals:**

<p style="text-align: center;"><b>Non-Medical Related Personal Leave of Absence</b></p> <p>Reason:</p>	<p style="text-align: center;"><b>Medical Related Personal Leave of Absence</b></p> <p>Documentation is necessary in order to receive approval. Employee must complete this form and obtain a medical note supporting the need to be absent with anticipated dates out and expected return date.</p>
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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Required Approvals:**

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Director or Director Signature

\_\_\_\_\_  
Date

**Form Routing:**

After obtaining appropriate departmental approvals, the supervisor shall route this form and any applicable supporting documents to the designated University Services HR consultant with a copy to the departmental AVP. And, provide notice to the employee of the decision to approve or deny the requested LOA in accordance with the applicable bargaining unit or Civil Service rules.

Date Received by USHR:
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