

REQUEST FOR LEAVE OF ABSENCE

Leaves of absence can be approved for a variety of reasons. Please keep in mind that there are laws such as the FMLA (Family Medical Leave Act) and the SLU contracts with PCPSOA, CSEA and SEIU, which have provisions that may apply in many circumstances. HR must know about and approve all leaves. The supervisor will always be consulted when approval is being considered. If you have any questions please contact Human Resources 229-5596, Vilas G-6.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Requests a leave of absence for the period: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's comments/recommendations:  
\_\_\_\_\_  
\_\_\_\_\_

**\*NOTE: Request must submitted to HR for approval**

Associate Vice President for HR _____
<b>Approved: YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>Reason</b> _____

- cc: Vice President
- Supervisor
- Payroll/HR
- Benefits/HR
- Personnel File
- Original to Employee