



AURA/NOAO



REQUEST FOR LEAVE OF ABSENCE

Please use this form to request non-vacation time off that will last more than one week.

Complete this form; obtain supervisory approval, then forward request to the Human Resources Office. Human Resources will contact you regarding your work and benefits status during your leave of absence.

Name: _____
(please print)

Dates for which leave is requested:

Beginning _____ Ending _____
(leave should be requested 30 days in advance, unless medical necessity precludes advance notice)

Reason for Leave:

Medical This type of leave is used when your own medical condition requires time off from work. We may request a note from your physician regarding the need for the time off and/or to release you to return back to work at the end of the leave.
You will be paid from your sick leave bank, if available, then from vacation pay, before receiving leave without pay.

Family This type of leave is used to care for your spouse, child or parent who has a serious health condition requiring your care; or for the birth, or the placement of a child with you for adoption or foster care.
You will be paid up to 40 hours from your sick leave bank, if available, then from vacation pay before receiving leave without pay.

Personal This type of leave is used when the leave does not qualify as Family or Medical leave.
You will be paid from your vacation bank, before receiving leave without pay.

EMPLOYEE STATEMENT:

I agree to return to work on _____. If circumstances change such that I will not be able to return to work on that date, I agree to inform my supervisor. I understand that my benefits will continue during my leave and that I will arrange to pay my share of applicable premiums.

Employee Signature _____ Date _____

Supervisor Approval _____ Date _____

Department Head Approval (if required) _____ Date _____

TO BE COMPLETED BY HUMAN RESOURCES

Leave is: **Approved**
 Denied for the following reason _____

Request approved/denied by _____ Date: _____