

PERSONNEL ACTION REQUEST - Leave of Absence

Employee and Position Information						
Employee Last Full Name Name:	First Name:				Middle Name:	Employee ID:
Position Type: Staff	on Type: Staff Staff Other: (please specify)					
Payroll Area:						
Organizational Unit (Dept): Position			Title:			Last Day Worked:
Type: Leave Begin and End Leave Begin and End (Leave beg			on or will bodin on pro determined ULE			e End egin leave previously submitted.)
	Chec condit applie	ck box if ion below s to leave eriod.		Evnocto	ed/Actual	
Leave Type or Duty Restriction	Pay	FMLA	Begin Date	•	Date	Expected or Actual?
SELECT FROM LIST						☐Expected ☐Actual
SELECT FROM LIST						☐Expected ☐Actual
SELECT FROM LIST						☐Expected ☐Actual
SELECT FROM LIST						☐Expected ☐Actual
SELECT FROM LIST						☐Expected ☐Actual
Comments (No medical/diagnostic comments. Any medical documentation should be submitted separately to the LOA Coordinator.)						
			Approvals			
PAR Initiator's Name:			Phone Number:			Date PAR Initiated:
Approver Title	Signatui	re				Date
Director/Chair						
Dean						
Vice President						
Human Resources (LOA Coordinator)						
Human Resources (SAP Input Processor)						

Please submit completed form to Human Resources.

Supporting documentation may be attached, but comments may not contain any private health information.