



**LEAVE OF ABSENCE REPORT FORM**

**Section I: TO BE COMPLETED BY THE EMPLOYEE**

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

Employee SSN or PLU ID: \_\_\_\_\_

Department: \_\_\_\_\_

**Effective Dates:**

Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**For Staff and Administrators:**

- With pay using accumulated sick and/or vacation leave.  
(FMLA policy states that sick and vacation leave must be used before leave is without pay.)  
 Without pay.

**Reason for Requesting Leave:**

- Due to employee's health  
 Maternity/paternity leave (including adoption)  
 To care for an ill family member  
 Other, please explain (If more room is necessary, please attach an additional sheet.)

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section II: TO BE COMPLETED BY DEPARTMENT HEAD.**

I recommend that this leave request be:

- Approved.  
 Approved conditionally. (If checked, please indicate conditions below.)  
 Denied.

A physician's certificate is required for all medical leaves including maternity/paternity leave. Certificate is attached:

- Yes.  
 No.

Comments or Conditions of Approval:

Department Head/Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*\*Please retain a COPY of this form for your records and forward the ORIGINAL to the Human Resource Services office.*

**Section III: TO BE COMPLETED BY HUMAN RESOURCE SERVICES:**

Leave Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

For personal Leave Only: \_\_\_\_\_With Benefits \_\_\_\_\_Without Benefits