



Human Resources
 Pacific Lutheran University
 Tacoma, WA 98447
 Ph: 253-535-7185
 Fax: 253-535-8431

LEAVE OF ABSENCE REQUEST

Section I: TO BE COMPLETED BY THE EMPLOYEE

Employee Name: _____

Employee 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:

- | | |
|---|---|
| <input type="checkbox"/> Employee's health | <input type="checkbox"/> Military exigency |
| <input type="checkbox"/> Maternity/paternity leave (including adoption) | <input type="checkbox"/> To care for an injured servicemember |
| <input type="checkbox"/> To care for an ill family member | <input type="checkbox"/> Other, please explain: |

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 or other necessary documentation 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 Resources office.***

Section III: TO BE COMPLETED BY HUMAN RESOURCES

Leave Approved By: _____ Date: _____

For personal Leave Only: _____ With Benefits _____ Without Benefits