INTERNAL DOCUMENT

Special Leave Without Pay Request Form

Employee Information

☐ Faculty ☐ Support ☐ Management ☐ Non-Union/Non-Management

Employee name: _____

Employee ID: _____

Position Title: _____

Department: _____

Campus/Location: _____

Leave Request Details

Leave Start Date (MM/DD/YYYY): _____

Leave End Date (MM/DD/YYYY): _____

Total Duration: _____

Reason for Leave:

Employee signature: _____ Date: _____

Manager Review

Manager Name: _____

Manager Decision: ☐ Recommend Approval ☐ Do Not Recommend Approval

If recommending approval:

☐ I can release the employee from their position without a suitable backfill in place.

☐ I cannot release the employee without a suitable backfill in place.

Request for employment (RFE) submitted to secure backfill ☐ Yes ☐ No

Comments:

Manager Signature: _____ Date: _____

Dean's Review (Faculty Only)

Dean's Decision: ☐ Recommend Approval ☐ Do Not Recommend Approval

Comments:

Dean's Signature: _____ Date: _____

HR PURPOSE ONLY

Human Resources Review

Verification of Eligibility:

☐ Employee meets eligibility

☐ Employee does not meet eligibility

Comments:

Manager of Leave Administration Signature: _____ Date: _____

AVP Human Resources Office Review

Backfill identified ☐ Yes ☐ No ☐ Not required

AVP Human Resources Approval

Final Approval: ☐ Approved ☐ Not Approved

Comments:

AVP Human Resources Signature: _____ Date: _____