

Personal Leave of Absence Request Form

Effective 08/2011

____ Biweekly ____ Monthly

PLEASE PRINT:

Employee Name: _____ Last 4 of SSN#: ***-**-**** Job Number: _____
 Home Address: _____ City State, Zip: _____
 E-mail address: _____ Home Phone Number: _____ Work Phone Number: _____
 Job Title: _____ Department Number: _____ Dept. Name: _____
 Personal Leave of Absence to Begin: _____ Personal Leave of Absence to End: _____

REASON FOR PERSONAL LEAVE OF ABSENCE:

To Attend School Military Service Other , Specify Personal Union Business

PLEASE REVIEW THE PERSONAL LEAVE OF ABSENCE POLICY TO UNDERSTAND THE TERMS OF THIS LEAVE:
www.humanresources.uchicago.edu

I HAVE REVEIWD AND UNDERSTAND THE TERMS AND THE CONDITIONS OF MY PERSONAL LEAVE OF ABSENCE REQUEST AS STATED IN THE LINK ABOVE

Employee Signature

Date

-----For Department/Division Administration Use-----

Accrual Balances (hours) at Effective Date of Personal Leave of Absence: Vacation: _____ Personal Holiday: _____ Unused Sick _____

Department Head/Supervisor Date _____ Leave Approved _____ Leave Denied

____ (C) The Department will reinstate the above named employee in the same or a comparable assignment upon return from Personal Leave of Absence, unless the employee is unable to perform the essential functions of the job with or without reasonable accommodation for such a position.
 ____ (U) The Department is unable to hold an assignment into which the above named employee may be reinstated upon return from Personal Leave of Absence.*

Dean/Administrative Officer Date _____ Leave Approved _____ Leave Denied

Absence Management Date _____ Leave Approved _____ Leave Denied

* The Department will be required to hold the position for military leave as required by law.