ACADEMIC STUDENT EMPLOYEE
REQUEST FOR LEAVE

Employee Name: ________________________________________________________________

Department: ____________________________________________________________________

Date of Request: __________________________________________________________________

Reason for Leave

_______ Short-term paid medical and family leave (up to 2 days per quarter)

_______ Long-term paid medical and family leave (up to 4 weeks for childbearing; up to 2 weeks for serious health conditions and baby bonding per year)

_______ Bereavement Leave (up to 3 days per occurrence)

_______ Jury Duty

_______ Military Leave

_______ Other leave

Beginning Date of Leave: __________________________________________________________

Expected End Date of Leave: _______________________________________________________

Circumstances requiring leave: _____________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Note: Long-term paid leaves may be combined for a maximum of 4 weeks per academic year. Leaves may not exceed the end date of an appointment. Unpaid leaves may be granted in addition to the paid leaves above at the sole discretion of the department or hiring unit.

Employee Signature: _____________________________ Date: ___________________________

Approval: _____________________________ Date: ___________________________