

FOR DEPARTMENT USE ONLY: Personnel
Program or Collective Bargaining Agreement:

EMPLOYEE'S NAME

CAMPUS

TITLE	DATE	TIME	LOCATION	STATUS
1. [REDACTED]	2023-10-27	14:30	Room 101	Completed
2. [REDACTED]	2023-10-28	10:00	Room 102	Pending
3. [REDACTED]	2023-10-29	09:00	Room 103	Completed
4. [REDACTED]	2023-10-30	11:00	Room 104	Pending
5. [REDACTED]	2023-10-31	13:00	Room 105	Completed
6. [REDACTED]	2023-11-01	15:00	Room 106	Pending
7. [REDACTED]	2023-11-02	16:00	Room 107	Completed
8. [REDACTED]	2023-11-03	17:00	Room 108	Pending
9. [REDACTED]	2023-11-04	18:00	Room 109	Completed
10. [REDACTED]	2023-11-05	19:00	Room 110	Pending

EMPLOYEE ID

☐ Amendment to LOA
that began on

Date of Birth/Placement_____

☐ Qualifying Exigency Leave☐ Other (specify below):

☐ Enter reduced work schedules below, or on the
Schedule Calculator (If Bi-weekly enter on W1=1st week,
& W2=2nd week, or Monthly=W1).

Anticipated return date:

W2%	=
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	Su	Mo	Tu	We	Th	Fr	Sa	Hrs Total
W1								
W2								

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Have you or will you be filing a University Disability Insurance claim? ☐ Yes ☐ No

☐ I wish to use paid leave as indicated below: (attach additional sheets if necessary)

(MM/DD/YYYY)

Begins on _____ and ends on _____

Begins on _____ and ends on _____

Begins on _____ and ends on _____

Begins on _____ and ends on _____

Begins on _____ and ends on _____

Begins on _____ and ends on _____

Begins on _____ and ends on _____

Begins on _____ and ends on _____

Begins on _____ and ends on _____

Begins on _____ and ends on _____

Begins on _____ and ends on _____

Total Hours

EMPLOYEE'S SIGNATURE:

DATE:

PREFERRED CONTACT METHOD -
While on a Leave of Absence:

DEPARTMENT SIGNATURE: *Department Signature Only Needed for a Personal Leave, or Non-FMLA Leave.

NAME (PRINT)

SIGNATURE

DATE _____