

## **LEAVE OF ABSENCE REQUEST**

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

## **SECTION I – TO BE COMPLETED BY THE EMPLOYEE**

<b>EMPLOYEE'S SIGNATURE:</b>	<b>DATE:</b>	<b>PREFERRED CONTACT METHOD -</b> While on a Leave of Absence:
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**DEPARTMENT SIGNATURE:** \*Department Signature Only Needed for a Personal Leave, or Non-FMLA Leave.

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NAME (PRINT)

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SIGNATURE	DATE
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