

LEAVE OF ABSENCE REQUEST

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

SECTION I – TO BE COMPLETED BY THE EMPLOYEE

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

NAME (PRINT)

SIGNATURE	DATE
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