

University of Puget Sound Leave of Absence Request Form

Staff Member Name (please print clearly) _____

Department _____ Immediate Supervisor _____

Campus Phone _____ Work Email _____

Home Address (Street/City/State/Zip) _____

Home/Cell Phone _____ Personal Email _____

Type of Leave of Absence: New Request Extension Request

Check Which Leave Applies:

- | | |
|--|---|
| <input type="checkbox"/> Family Medical Leave (FMLA) | <input type="checkbox"/> Personal Leave |
| <input type="checkbox"/> Disability Leave | <input type="checkbox"/> Military Leave |
| <input type="checkbox"/> Other (Please explain): _____ | |

Anticipated Dates of Leave (mm/dd/yyyy): From _____ To _____

Brief Narrative of Request (including reason):

Did you purchase short-term disability coverage? YES NO

I certify that the information contained on this form and any supporting documentation is true and accurate to the best of my knowledge and is in accordance with the *Staff Policies and Procedures Manual*. I understand that it is my responsibility to pay for the employee portion of my current benefits if I exhaust my leave benefits, which can be paid by personal check, cashier's check or ACH.

Staff Member Signature _____ Date _____

I recommend that this leave be: Approved Denied Approved Conditionally

Comments:

Immediate Supervisor (print name) _____

Supervisor's Signature _____ Date _____