

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

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

Reason for leave:

- Personal Medical Leave Family Member Medical Condition
 Personal Leave of Absence Military Leave
 Other (Please explain): _____

Check Which Leave Applies:

- Family Medical Leave (FMLA) Personal Leave
 Disability Leave Military Leave
 Other (Please explain): _____

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*.

Staff Member Signature _____ Date _____

I recommend that this leave be: Approved Denied N/A (FMLA/Military Leave)

Comments:

Supervisor's Signature _____ Date _____

Requests for personal leave or medical leave beyond what is protected under the Family Medical Leave Act and Washington Family Leave Act (12 weeks, or 18 weeks for pregnancy) require vice-president approval.

Vice President Signature _____ Date _____