

# EMPLOYEE REQUEST FOR LEAVE OF ABSENCE



Please Type or Print

Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Dept./Div. \_\_\_\_\_

Initial date of full-time employment at UVU: \_\_\_\_\_

Dates and type of previous leave(s): \_\_\_\_\_

Type of leave requested: (Before completing this form, refer to policy 361, Leave of Absence, for leave requirements.)

Leave Without Pay

- Medical/Pregnancy
- Educational/Professional
- Emergency Services
- Long-term Military
- Child Care
- Other

Leave With Pay

- Administrative Leave (Must be filed at least three months prior to requested beginning date)

**Board of Trustees:** \_\_\_\_\_ Approve \_\_\_\_\_ Deny

- Other

*Note:* To apply for Sabbatical Leave please complete the Faculty Application for Sabbatical Leave form.

Dates of requested leave: \_\_\_\_\_

Purpose and justification for request: \_\_\_\_\_

I hereby agree to abide by the UVU leave of absence policy and procedures effective at the date of the approval of this request.

\_\_\_\_\_  
**Employee Signature**

Supervisor Comments: \_\_\_\_\_

\_\_\_\_\_  
**Supervisor Signature**

**Administrator/Dean:** \_\_\_\_\_ Approve \_\_\_\_\_ Deny \_\_\_\_\_  
(signature) Date

**Vice President:** \_\_\_\_\_ Approve \_\_\_\_\_ Deny \_\_\_\_\_  
(signature) Date

**President:** \_\_\_\_\_ Approve \_\_\_\_\_ Deny \_\_\_\_\_  
(signature) Date

**Human Resources:** \_\_\_\_\_  
(signature) Date