



Request for Personal Leave Without Pay

Name: _____

M#: _____

Dept: _____

Date of Hire: _____

I request personal leave without pay for the following period:

From: _____ a.m.
p.m. _____
Time Date

Total Hours Requested _____

To: _____ a.m.
p.m. _____
Time Date

*The following additional details support my request.
Supporting documentation such as a physician's statement is attached.*

Remarks: _____

Notes:

- This leave is not approved until the University President or the President's designee approves it.
- Personal leave is not to be used during any other type of leave such as Family Leave

Employee Signature Date

Routing for Recommendations and Final Approval:

1) Dept Head recommending Date

3) Director of HR recommending Date

2) Vice President recommending Date

4) President approval Date