

If plans change after approval has been given, written notification of such changes must be made to all who signed the form.

REQUEST FOR LEAVE OF ABSENCE FORM

Firm Request

Contingent Request

Revision

UO ID#: _____

Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Position: _____ Suffix: _____ E Class: _____

Rank: _____ School or Dept: _____ TS Org: _____

Dates of Requested Leave: From: _____ To: _____

FTE while on leave _____ FTE reduction while on leave _____

Base Rate _____ Monthly Salary while on leave _____

Dates of last Leave of Absence: From: _____ To: _____

Request contingent upon: _____

Date when decision is expected: _____ Please submit superseding form when leave is firm.
Only firm requests will be sent to Payroll.

Address(es) of correspondence while on leave (if known):

Purpose of or reason for leave (required):

Labor Distribution – For firm requests only

Index	Fund	Org	Account	Pgm	Activity	Monthly \$	%

Signatures

Applicant _____ Date: _____

Department Head _____ Date: _____

Dean or Director _____ Date: _____

VP _____ Date: _____