

Biweekly Monthly

Personal Leave of Absence Request Form

PLEASE PRINT

Employee Name: _____ SSN: _____ Job Number _____
 Home Address: _____ City, State, Zip: _____
 Job Title _____ Dept. Number _____ Dept. Name _____

LEAVE OF ABSENCE TO BEGIN: _____ DATE OF RETURN FROM LEAVE OF ABSENCE: _____

REASON FOR LEAVE OF ABSENCE: (check one)

14 To Attend School 16 Military Service 25 Other, Specify
 15 Personal 20 Medical Absence 90 Union Business

BENEFITS TO CONTINUE DURING THE LEAVE: (check each one to be continued)

Medical Insurance Life Insurance Personal Accident Insurance
 Dental Insurance Long Term Disability

CONDITIONS:

I understand that if this request is approved, my current assignment may not be held during the Leave. I understand I may be placed in a different but comparable assignment, if available; however, the University does not guarantee reinstatement of University employment. Any extension of the Leave of Absence must be requested and approved in writing, and that failure to return to work at the end of an authorized leave will result in termination of employment, unless I have a compelling reason, acceptable to the University, for inability to return.

Upon the official start of a Leave of Absence, an employee will receive a lump-sum pay-out of all vacation and personal holiday accruals in the first pay period following the start of leave. If Leave of Absence is medical, all Sick, FMLA and STD must be exhausted. A Leave of Absence request for a non-work related employee illness or injury after the exhaustion of FMLA and STD or ineligibility for same, is a medical absence and **must be supported with a certification from a health care provider**.

I understand that if I so elect, the University will continue certain benefits during the leave, on the same basis as if I had been actively at work. I understand that in order to continue benefits coverage during my leave, I must make arrangements with the Benefits Office for payment of my share of any required premiums at the rates applicable to persons on Leave of Absence. I understand that failure to return to work at the end of an authorized leave may result in liability for premiums paid by the University on my behalf during my Leave of Absence.

I understand that if I do not elect to continue and pay premiums for medical or dental insurance for at least the first three (3) months of my leave of absence, **I will not be allowed to re-enroll in medical or dental coverage until the next Open Enrollment period.**

During any Leave of Absence, an employee does not accrue sick leave or vacation leave and is not eligible for any paid holiday.

Misrepresentation in requesting a Leave of Absence may result in the University's taking disciplinary action, including discharge.

I HAVE REVIEWED AND UNDERSTAND THE CONDITIONS OF MY LEAVE OF ABSENCE REQUEST AS STATED ABOVE
 (Further information concerning Leave of Absence is available in the Personnel Policy Guidelines [Policy #U508] or on the University's website: www.uchicago.edu)

 Employee's Signature _____
 Date

----- FOR DEPARTMENT / DIVISION / ADMINISTRATIVE USE: (Provide accrual balances and check either (C) or (U) below) -----

Terminal Compensation – Accrual Balances (hours) at Effective Date of Leave of Absence: Vacation: _____ Personal Holiday: _____ Unused Sick: _____

 Department Head/Supervisor _____ Leave Approved _____ Leave Denied
 Date

 Dean/Administrative Officer _____ Leave Approved _____ Leave Denied
 Date

(C) The Department will reinstate the above named employee in the same or a comparable assignment upon return from Leave of Absence, unless the employee becomes incapacitated for such a position.

(U) The Department is unable to hold an assignment into which the above name employee may be reinstated upon return from Leave of Absence.

 Absence Management Coordinator _____ Leave Approved _____ Leave Denied
 Date

INSTRUCTIONS:

This form will be used by non-academic staff employees to request a Personal Leave of Absence from University employment, and by a department, division or administrative unit and HRM to approve or deny the request for Leave of Absence.

The employee should complete the appropriate items on this form; sign on the "Employee's Signature" line, and submit the form to the Department Head/Supervisor and keep a copy for his/her records. Notice of approval/denial of leave will be issued separately from UHRM. The Department HR/Supervisor will send the form to UHRM – Absence Management

If an employee is requesting a **Medical Leave****, the employee must obtain a completed certification (form to be provided) from a licensed health care provider indicating both the reason (diagnosis) and anticipated date of return (prognosis).

Certain employee benefit plans may be continued for the first 3 (three) months during an authorized Personal Leave of Absence, subject to the payment of any required monthly premiums, in advance each month, directly to the Benefits Office. An employee electing to continue coverage under any of the plans listed on the reverse side of this form should contact the Benefits Office for information about the amounts and due dates of such premium(s).

It is advisable that prior to preparation of a Leave of Absence Request Form, the employee's supervisor consult with the departmental administrator regarding the employee's request for a Leave of Absence.

Following departmental action, all copies should be forwarded to the Division/Administrative Unit for action. Following Division/Administrative Unit action, all copies should then be forwarded to AMC for review and action.

If UHRM disagrees with the departmental/divisional denial of a Leave of Absence request, the matter will be discussed with the official who denied the leave.

** See Personnel Policy Guideline #522 – Family and Medical Leave of Absence (FMLA).

For personal medical issues, employees are required to apply for FMLA Leave of Absence AND Short Term Disability. However, should the employee not qualify for FMLA or STD, or is no longer eligible for leave under FMLA or STD, this form may be used.

ROUTING:

For an approved Leave of Absence, HRM will distribute the fully executed copies as follows:

Copy 1: UHRM/Records

Copy 2: Employee

Copy 3 & 4: Division/Department