

**EMPLOYEE APPLICATION FOR LEAVE WITHOUT PAY**

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Employee: \_\_\_\_\_ Smith ID Number: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**CURRENT WORK SCHEDULE**

Hours per Week: \_\_\_\_\_ Days per Week: \_\_\_\_\_ Weeks per Year: \_\_\_\_\_

Please check the appropriate leave type (either A or B), sign your name, fill in the details and forward this form to your department head for his/her signature.

**A. SHORT-TERM LEAVE WITHOUT PAY (up to 10 consecutive work days)**

I am requesting a short-term unpaid leave of absence under the provisions of the *Leave Without Pay Policy*. I am not eligible for paid leave under the College's other leave plans, and have exhausted all vacation and personal time. I have reviewed the policy and understand the impact on my pay, job status, and benefits; I understand and accept my obligations under the policy.

**B. LONG-TERM LEAVE WITHOUT PAY (11 days to 6 months)**

I understand that to qualify for this leave, I must have been employed by the College for a minimum of 12 consecutive months in a regular position of half-time or more prior to the beginning of the leave. I am requesting a long-term unpaid leave of absence under the provisions of the *Leave without Pay Policy*. I am not eligible for paid leave under the College's other leave plans, and have exhausted all vacation and personal time. I have reviewed the policy and understand the impact on my pay, job status, and benefits; I understand and accept my obligations under the policy.

Begin Date: \_\_\_\_\_ Return to Work Date: \_\_\_\_\_

Reason for Leave: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that by requesting this leave of absence, I am committed to returning to work on the date specified.

<b>Employee Signature:</b> _____ <b>Date:</b> _____
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**DEPARTMENT HEAD**

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

Approve     Request Denied

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

\_\_\_\_\_  
**Date**

**HUMAN RESOURCES**

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

\_\_\_\_\_  
**Date**