



PERSONAL LEAVE REQUEST FORM

Please Print, Type, or Write Legibly

Check one: New Leave of Absence: Revision of original request (superseding): Extension of Leave

Check one: USPS Faculty A&P

Department Name: _____ College/Division: _____

Employee ID #: _____ Position Title: _____

Employee's Name: _____
Last name First name Middle initial

Home Mailing Address: _____
Street Address/P.O. Box City State Zip

Home Email Address: _____ Campus Email Address: _____
Campus Phone #: _____ Home Phone #: _____ Cell Phone#: _____

Reason for Leave: (attach additional sheet if necessary)

Last Day of Work: _____ Start Date: _____ End Date: _____

I anticipate returning to my normal work schedule and duties on: Date: _____ Time: _____

My leave will be: A Full Unpaid Leave: A Full Paid Leave: A Reduced Work Schedule Leave:
(A proposed work schedule **must be attached**)

While not working I will use accrued: Annual: Compensatory: Leave Without Pay (LWO):

I understand and accept a leave of absence as stated on this page. I further acknowledge that I have read the "Responsibilities for Employees and Departments and Instructions for Completion" page accompanying this form and I understand all of my leave responsibilities and the information provided therein:

Employee Signature: _____ Date: _____

For Use by Department and Human Resources

Department (Supervisor) must complete:

Payroll Processor: _____ email: _____
EPaf Processor: _____ email: _____
HR Liaison: _____ email: _____

Approved

Yes: No: Signature Chair/Supervisor: _____ Date: _____

Print Name: _____ Email Address: _____
Campus Extension: _____ Fax Number: _____

Yes: No: Signature Dean/Director: _____ Date: _____

Print Name: _____ Email Address: _____
Campus Extension: _____ Fax Number: _____

For HR/Provost Use Only

The Provost has Final Approval for all Faculty personal leave of absence requests:

This request for personal leave is approved: Yes: No: Approved as paid leave: Approved as unpaid leave:
Provost _____ Date: _____

Comments: _____

The Human Resources Director has Final Approval for USPS and A&P personal leave of absence requests:

This request for personal leave is approved: Yes: No: Approved as paid leave: Approved as unpaid leave:

Human Resources Director: By _____ Date: _____

Comments: _____

**Employee and Department Responsibilities and
Instructions for Completion of Personal Leave Request Form**

1. Falsification of this request, or any documentation provided to support this request, is cause for immediate dismissal.
2. By no later than the date stated in my leave letter (may be 60 days or less), I **must** complete the Intent to Return to Work Form, or I must request an extension of this leave of absence, or I must submit my written resignation. **I understand that if I do not follow the university's leave procedure, the initial violation may result in a written reprimand; a second occurrence will result in suspension; and a third occurrence will result in Discharge/Termination of my position.** Any issues in obtaining forms or documentation by the date provided in my leave approval letter must be reported to my supervisor and/or the HR Leave Coordinator prior to the deadline for the submission of documentation in order for me to be in compliance with the university leave procedure. **I acknowledge that I am responsible for payment of my benefits premiums. It is my responsibility to either cancel my benefits or if, for any reason the premiums are not deducted from my paycheck, to immediately contact the HR Benefits Section at 407-823-2771 and make arrangements to pay for my premiums, otherwise they may be suspended.**
3. **This request for personal leave must have Approval by the Chair and Dean for Faculty or by the Supervisor and Director/Dean for USPS and A&P. Final approval for Faculty requests must be submitted to the Provost. Final approval for USPS and A&P must be submitted to Human Resources.**
4. An employee is on a **"paid"** leave of absence for Payroll and Records purposes if s/he is using accrued leave to remain in full pay status, or if the employee is using a combination of accrued leave and leave without pay. An employee is on an **"unpaid"** leave when they request the leave to be unpaid or they exhaust all of their accrued leave.
5. If this request for a personal leave of absence is recommended for approval as a **"paid"** leave, and the employee later exhausts all of his/her accrued leave an ePAF must be completed by the department and forwarded to Human Resources-Records and the HR Leave Coordinator must be notified. At the bottom of this form the Provost or Leave Coordinator has checked the current pay status the employee will be in during this leave. The leave approval letter is a source document and automatically places the employee on a personal leave of absence for payroll and records purposes; however, when an employee returns to work from a personal leave of absence the department must process an ePAF returning the employee back to active pay status.
6. If this is the first time you are requesting a personal leave of absence check the *new leave of absence* box; if you have already submitted a request for this leave, but the dates for the personal leave of absence or other information has changed since the original request was submitted, check *revision of original request*; if you are requesting an extension of a previously approved leave of absence that is ending, check the *extension of leave* box.
7. ***Please do not leave any sections blank.*** Enter your department name, College/Division, Employee Identification number, and job title. Enter your last name, first name, and middle initial. Enter your home mailing address, home email address and campus email address. Enter your department name, campus phone number, home phone and cell phone numbers (including area codes).
8. Check whether you are Faculty or A&P/USPS.
9. State your last day of work and the date your leave will begin and end plus the date you will return to work.
10. Check the appropriate box if you are requesting an unpaid or paid leave. During an unpaid leave an employee is not working and not receiving pay. While on a paid leave an employee is not working and is using accrued leave or a combination of accrued leave and leave without pay.
11. If any part of your leave will be paid, check the box that applies to the type of accrued leave you have and will use. ***Please note that you are responsible for your benefits premium payments and if you do not have sufficient accrued leave or if you run out of accrued leave you must contact the HR Benefits Section at 407-823-2771 and make arrangements to pay for your benefits premiums or your benefits will be suspended and unusable until all back payment is received and processed. To cancel your benefits you must contact PeopleFirst directly within thirty (30) days of the start of your leave; otherwise, you will be responsible for all back owed premiums.***

12. Faculty should submit the Request for Personal Leave Form and a summary of their reason for the request to the department chair, who will approve/disapprove the request and forward it to the dean for approval/disapproval. The Request Form must then be sent to the Provost for final approval. The Provost's office will forward it to Human Resources. The final approval/denial authority for Faculty personal leaves of absence has been delegated to the Provost.
13. USPS and A&P employees should submit the Request for Personal Leave Form and a summary of the reason for the request to his/her immediate supervisor, who will approve/disapprove the request and forward it to the department head, director and/or vice president for approval/disapproval. The department will forward it to Human Resources for final approval. The final approval/denial authority for USPS & A&P personal leaves of absence has been delegated to the Director of Human Resources.
14. Please note that the Intent to Return to Work Form is required for all employees who are returning to work from a Personal Leave of absence.
15. ***Please note that the department must process an ePAF when an employee returns to work from a personal leave of absence in order to return the employee back to active pay status.***

You will receive notification of approval/denial of the requested leave of absence via email (if address is provided) and regular mail. Questions regarding this form should be directed to your Human Resource Leave Coordinator for last names A-L, 407-823-3730; for M-Z, 407-823-0540 or you may email questions to loandworkcomp@mail.ucf.edu.