



UNIVERSITY OF CENTRAL FLORIDA REQUEST FOR LEAVE OF ABSENCE

Check one: USPS A&P Faculty OPS

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

Employee's Name _____

Last name First name Middle Initial

Employee ID# _____ Position Title _____ Campus Zip+4 _____

Department Name _____ Campus Phone # _____ Home Phone # _____

Home Mailing Address _____

Street Address/P.O. Box City State Zip

Type of leave: Personal Educational Military Administrative _____

Reason for Leave: _____

Attach additional documentation if necessary.

While absent from work, I will use

- Full leave with pay
- Full leave without pay
- Combination of leave with pay and leave without pay
- Work and/or use leave intermittently

Dates of absence from work

From _____ to _____

Dates of leave with pay

From _____ to _____

Dates of leave without pay

From _____ to _____

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

I understand and accept a leave of absence as stated above. I also understand that:

- It is my responsibility to contact the Benefits Section at (407) 823-3775 or benefits@mail.ucf.edu to make arrangements to pay my premiums to avoid cancellation of my coverage during this leave of absence.
- Not later than two weeks before my scheduled date to return to work, I **must** affirm my intention to return to work as specified above, request an extension of this leave of absence, or submit my written resignation.
- A position will be available for me provided I return on the date and time specified.
- Failure to comply with the terms of this leave of absence may be cause for immediate dismissal.
- Falsification of this request or any documentation provided to support this request may be cause for immediate dismissal.

Employee Signature _____ Date _____

Departmental Approval by chair and dean for faculty; supervisor and director for USPS and A&P

This request for leave of absence is recommended for approval (A PAF must be completed and forwarded to Payroll)

Yes No Chair/Supervisor _____ Print Name _____ Date _____

Yes No Dean/Director _____ Print Name _____ Date _____

Comments _____

Final approval for all leaves of absence (except medical) for faculty by the Provost

Final approval for all leaves of absence for USPS and A&P by the Human Resources Director

This request for leave of absence is approved Yes No

Provost/Human Resources Director _____ Date _____

Comments _____

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REQUEST FOR LEAVE OF ABSENCE

Instructions for Completion

1. Check the appropriate pay plan to indicate whether you are a USPS, A&P, Faculty, or OPS employee.
2. If this is the first time you are requesting a leave of absence, check new leave of absence.
3. If you have already submitted a request for this leave, but the dates for the leave of absence or other information has changed since the original request was submitted, check revision of original request.
4. If you are requesting an extension of a previously approved leave of absence that is ending, check extension of leave.
5. Enter your last name, first name, and middle initial.
6. Enter your employee ID, job title, and zip+4 for the campus address where you receive your mail.
7. Enter your department name, campus phone number and home phone number (including area code for both).
8. Enter your home mailing address.
9. Check the type of leave and state the reason for this request for leave of absence.
10. Indicate whether the leave will be with pay, without pay, or a combination of leave with pay, then leave without pay after accumulated leave is exhausted.
11. Indicate the dates for the leave of absence.
12. If all or a portion of the leave of absence is with pay, indicate the dates for the leave with pay.
13. If all or a portion of the leave of absence is without pay, indicate the dates for the leave without pay. OPS employees **must** choose this option.
14. Indicate the date you anticipate returning to work.
15. Read the statements regarding the terms and conditions of the leave of absence, then sign and date the form.
16. Faculty employees should submit the request for leave of absence and supporting documentation to the department chair, who will approve/disapprove the request and forward it to the dean for approval/disapproval. The final approval/disapproval authority for all leaves of absence, **except medical leaves of absence**, for faculty employees has been delegated to the provost.
17. USPS, A&P and OPS employees should submit the request for leave of absence and supporting documentation to his/her immediate supervisor, who will approve/disapprove the request and forward it to the department head/director for approval/disapproval. The final approval/disapproval authority for all leaves of absence for USPS and A&P employees and medical leaves of absence for faculty employees has been delegated to the Director of Human Resources.