



REQUEST FOR PERSONAL LEAVE OF ABSENCE WITHOUT PAY

If a leave is for the employee's medical condition, for care of a newborn child, or for care of a spouse, parent or child with a serious medical condition, please use the *Request for Family or Medical Leave form*.

Date _____

TO: _____
Immediate Supervisor

FROM: _____
Employee

RE: PERSONAL LEAVE FOR ABSENCE WITHOUT PAY

I am requesting a personal leave of absence without pay for the period _____ to _____
for the reason of _____.

****Attention COLT collective bargaining unit members:** Under the COLT collective bargaining unit, if the personal leave period exceeds ninety (90) days, your rights regarding re-employment shall be established in advance by mutual agreement of the unit member and designated administrator(s). This will be set forth in writing as a condition of approval of the leave. The letter **MUST** be attached to this form in order for your leave to be processed successfully.**

I have read and understand the applicable leave policies. I further understand that I must assume responsibility for making arrangements with the Benefits Office to continue my employee benefits coverage.

SIGNATURES

Employee Date

Approved ____ Disapproved ____

Immediate Supervisor Date

Approved ____ Disapproved ____

Chairperson Date

Approved ____ Disapproved ____

Dean/Director Date

Approved ____ Disapproved ____

Vice President Date

Approved ____ Disapproved ____

President's Designee Date