

APPLICATION FOR LEAVE OF ABSENCE FOR STAFF AND MANAGEMENT EMPLOYEES

New Document
Revision of Previous Document Explain Under Item 7.

The vice presidents have been delegated the authority to approve leaves of absence without pay. This form should be completed and given to your immediate supervisor for transmittal through the signature process. PLEASE SUBMIT THIS FORM AT LEAST 45 DAYS (unless due to an emergency) BEFORE THE DATE OF THE LEAVE.

Department _____

1. Name of Applicant _____ Employee Identification No. _____

2. Classification _____ Position No. _____
Agency Unit Class Serial

3. Employed by Humboldt State University Full-time or Part-time continuously since _____
Present time base: _____

4. Date of requested leave of absence without pay:
From: _____ To: _____
(First day on non-pay status) (First day on pay status)

5. Reason Leave of Absence Without Pay (S42)
Explanation _____

Partial Leave of Absence (S43) Amount of reduction:
Explanation: _____

Military Leave (S44)
Extension of Leave previously granted (S45)
Explanation: _____

Request to return prior to expiration date of leave of absence.
Explanation: _____

6. Signature of applicant: _____ Date: _____

7. Comments And Recommendation By Supervisor Or Department Chair: (Must be forwarded within 5 working days of receipt)

Signature _____

Referred to Dean or Administrator Date _____

8. Comments And Recommendation By Unit Administrator Or Dean: (Must be forwarded within 5 working days of receipt)

Signature _____

Referred to Human Resources Director Date _____

9. Comments And Recommendation By Human Resources Director: (Must be forwarded within 5 working days of receipt)

Signature _____

Referred to Vice-President Date _____

10. Disposition By Vice-President: (Must be forwarded to Human Resources within 5 working days of receipt)

Signed _____ Date _____