Seattle University
FOUNDED 1891

Office of Human Resources

Non-Medical Leave of Absence Request Form

Complete Part I, sign and return to Human Resources. Human Resources will facilitate the approval and notification process. Requests for leaves of absence should be made at least 30 days in advance whenever possible. Staff and Faculty members should read the appropriate leave of absence policies in the HR Policy Manual prior to completing the Leave of Absence Request Form.

Part I - To be completed by Employee

Employee Name (please print): _____ Hire Date: _____ Home Phone: _____
Home Address: _____
City, State, Zip Code: _____

☐ Faculty ☐ Staff Title: _____ Department: _____

Type of Leave (except for military service, employee must have completed 12 months of continuous service with SU):

☐ Military Leave (verification from appropriate military authority must accompany this form)

- ☐ Military Service
- ☐ Reservist and National Guard Annual Training (full-time employees, up to ten University workdays in a calendar year, see policy for pay provisions)

☐ Personal Leave (full and part-time regular employees, up to 30 days, unpaid)
Reason: _____

☐ Educational Leave (full-time regular employees, up to 12 months, unpaid)

Start of leave (first day absent from work): _____
End of leave (last day absent from work): _____

Regular Hours worked/week: _____ ☐ Full-Time ☐ Part-Time

Intermittent Leave Request: ☐ Yes ☐ No If Yes, please attach proposed schedule.

Accrued Leave Benefits

An employee may use vacation time to continue paid status during leave. Do you wish to use vacation leave for any unpaid leave?

☐ Yes ☐ No If Yes, how many hours do you want to use? _____ Hours ☐ All Available

An employee on unpaid leave will not accrue vacation or sick leave for any full month of unpaid leave.

Health Benefits

An employee on an unpaid leave greater than one (1) full benefit month may continue to participate in the University's health care benefits program (except short and long-term disability) by self-paying the full premium rates. If the proposed leave extends to any full month of unpaid leave, how will you pay for these premiums? ☐ By Personal Check ☐ Payroll Deduction (deducted prior to leave)

Please sign and return this form to Human Resources with any accompanying documentation (military authority where requested). Please note that a leave is not approved until all approval/notification signatures have been obtained. You will be notified when the process is complete.

Employee Signature: _____ Date: _____

Department Head/Dean: _____ Date: _____

Note: Non-FMLA leave for faculty must be approved by the Provost. Please refer to the *Faculty Handbook* section 10 for details.