



Request for an Unpaid Long-Term Leave of Absence-On Loan

Date Received by Disability and Leaves: _____

To be completed by the employee

Completed forms are required to be submitted to the Leaves and Disability Section by **March 1** for a leave for the upcoming school year if you are less than a 12-month employee or at least 30 days in advance of the requested leave date if you are a 12-month employee.

Your Information			
Name (First, Middle Initial, Last) _____		Date of Request _____	
Home Address _____	City _____	State _____	Zip _____
Employee ID Number _____		Home Phone (Area Code) _____	
Work Location _____	Region _____	Work Phone (Area Code) _____	
Position _____	<input type="checkbox"/> Full Time _____		
	<input type="checkbox"/> Part Time (specify) _____		
Type of Agency/Group:			
<input type="checkbox"/> Federal Agency (Specify) _____		_____	
<input type="checkbox"/> State/local government (Specify) _____		Salary step increase approved by Licensure Office _____	
<input type="checkbox"/> Other (Specify) _____		_____	
Dates of Leave Requested:			
Beginning Date _____		Ending Date _____	
I have read Regulation 4836 and I understand that failure to notify return from this leave of absence or to respond to the disability and leaves unit by the required deadlines will serve as a resignation in the absence of a separate letter of resignation.			
Employee Signature _____		Date _____	

To Be Completed by the Principal or Program Manager	
<input type="checkbox"/> I am aware of the above employee leave of absence request.	
Principal or Program Manager Signature _____	Date _____
Comments:	

Approval is granted for the above employee leave of absence request.

Department of Human Resources – Disability and Leaves _____ Date _____