



## Leave of Absence Request Form

*An employee requesting time off with or without pay for more than 15 working days must submit an approved and complete Leave of Absence Request Form to UAS HR at least two working days prior to the start of the leave. If the leave request exceeds 90 calendar days, UAS Executive Director must also approve. If additional time off is required after the 90 days, a new form must be submitted. Failure to submit a new form may be cause for termination of employment.*

Corporate  Agency  Contracts & Grants

Hire Date : \_\_\_\_\_

Full Name : \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home Address (City, State, Zip) : \_\_\_\_\_ Department: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Requested leave dates (mm/dd/yy): \_\_\_\_\_ to \_\_\_\_\_

Reason for the leave of absence:

Employee Signature: \_\_\_\_\_ Date : \_\_\_\_\_

	Fund	Organization	Account	Project ID	Program
<b>Current Status</b>					
<b>New Status</b>					

Supervisor Signature: \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
UAS Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Approval

\_\_\_\_\_  
Date