



Leave of Absence
Status Change Form
Department Use Only

Change in Status Information
TO BE COMPLETED BY SUPERVISOR OR DESIGNEE

Employee Name: _____ Date of Request: _____

Employee Number: _____ Department Number: _____ Department Name: _____

Effective Date of Leave Change: _____

From FMLA to Extended Leave with Qualified Medical Certification for Medical Leaves
Check One: Non-FMLA Medical Personal Educational

From Extended Leave to Family Leave with Qualified Medical Certification
Check One: Continuous Intermittent
Check One: Adoption/Placement Birth Employee Medical Family Member

From Parental Leave to FMLA
Check One: Continuous Intermittent

Dates of Leave: From: _____ To: _____
(first day of leave) (proposed or revised return to work date)

Effective Date of Pay Status Change: _____ Paid Unpaid

Returning from Leave:

Extended Leave FMLA Military Parental Sabbatical Workers' Compensation

Return to Work: Return from LOA to Active Status - Date
Return from Hold - Date
Termination - Date

Returning to: Original Department New Department Other

Total Weekly Scheduled Hours _____(hours)

Supervisor or Designee Name (Print) Supervisor or Designee Signature Date

Send to:

Department Leaves Manager Benefits - Office of Human Resources
For Tempe or Polytechnic campus employees: Mail Code 5612 or Fax to 480-993-0007
For Downtown Phoenix or West campus employees: Mail Code 2051 or Fax to 602-543-8412
Original Copy Copy

HR USE ONLY: Date Entered into HCM _____