



# Leave of Absence Request Form

## EMPLOYEE MUST COMPLETE:

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Number: \_\_\_\_\_ (10 digits) Department Number/  
Name (Required): \_\_\_\_\_

**DATES OF LEAVE:** From: \_\_\_\_\_ (first day of leave) To: \_\_\_\_\_ (proposed return to work date)

**REASON:**

## TYPE OF LEAVE REQUESTED

**Birth/Adoption/Foster Care (CHECK ONE)**

Father  Mother

Is your spouse/domestic partner an ASU employee?

If so, Name: \_\_\_\_\_

**Employee Medical Leave (including Worker's Compensation)**

Department  FMLA  Extended (Staff)  Health-Related (Faculty)  
Check One:

If FMLA, Check One:  Continuous  Other (explain) \_\_\_\_\_

**Employee Personal Leave**

Check One:  Personal  Educational

**Employee Military**

Check One:  Annual  Presidential

**Family Leave for Qualified Family Member**

Department  FMLA  Military FMLA \_\_\_\_\_ for medical care \_\_\_\_\_ for business reasons  
Check One:  Extended (Staff)

Leave of Absence without Pay (Faculty)

If FMLA, Check One:

Continuous  Other (explain) \_\_\_\_\_

I understand that if I do not return from my leave of absence at the expiration of this leave, unless prior written approval of an extension has been obtained, my employment may be terminated per the terms of SPP1011 or ACD 707.

\_\_\_\_\_  
*Employee Name (Print)* *Employee Signature* *Date*

## SUPERVISOR MUST COMPLETE:

Last Day Worked/Projected Last Day of Work: \_\_\_\_\_ Check One:  PAID  UNPAID

Data Time Administrator (DTA) Name/Phone Number: \_\_\_\_\_

\_\_\_\_\_  
*Supervisor/Designee Name (Print)* *Supervisor or Designee Approval: (Signature of Supervisor/Designee)* *Date*

## REQUIRED FOR ALL LEAVE REQUESTS:

\_\_\_\_\_  
*Budgetary Approval: (Signature of VP/Dean/Designee)* *Date*

## SUBMIT THIS FORM