



# Leave of Absence Status Change Form

(for Department Use Only)

Employee Name \_\_\_\_\_

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

Employee Number: \_\_\_\_\_  
(10 digits)

Dept. Name : \_\_\_\_\_

Dept. No.: \_\_\_\_\_

## CHANGE LEAVE DATES

From: \_\_\_\_\_  
(first day of leave)

To: \_\_\_\_\_  
(proposed or revised return to work date)

## CHANGE LEAVE TYPE

EFFECTIVE DATE OF LEAVE CHANGE: \_\_\_\_\_

**From FMLA to:**  
 Extended Leave (Staff) or  Leave Without Pay (Faculty)

**From Extended Leave (Staff) or Leave Without Pay (Faculty) to:**  
 FMLA

**From Parental Leave to:**  
 FMLA or  Leave Without Pay (Faculty)

## CHANGE PAY STATUS

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

Paid  Unpaid

## RETURN FROM LEAVE

FMLA  Parental  Extended or Leave Without Pay  Military  Sabbatical or Fellowship  Hold

### Return To Work Details

Return from LOA or Hold to Active Status Effective Date \_\_\_\_\_ Salary \_\_\_\_\_ Pay Frequency \_\_\_\_\_

### Returning To:

Original Dept  New Dept  Other (explain) \_\_\_\_\_

Total Weekly Scheduled Hours \_\_\_\_\_

\_\_\_\_\_  
Supervisor/Designee Name (Print)

\_\_\_\_\_  
Supervisor/ Designee Approval (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(If department monetary impact) Budgetary Approval (Signature of VP, Dean or Designee)

\_\_\_\_\_  
Date

## SUBMIT THIS FORM