

Employee Name

Last 4 digits of Social Security#:

Address

City & State

Zip Code

Position

Department

Supervisor's Name

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1. My requested leave will begin on \_\_\_ / \_\_\_ / \_\_\_ and end on \_\_\_ / \_\_\_ / \_\_\_

2. Type of Non-FMLA leave requested.

- ' Extraordinary Leave of Absence  
(Available to Non-Aligned, School of Law Facilities Union, PSQ Union and PSSA Union Employees)
- ' Sick Leave of Absence  
(Available to PSSAD Q G ' Union Employees)
- ' Personal Leave of Absence  
(Available to Dining Union Employees and School of Law Faculty)
- ' Academic Leave of Absence  
(Available to Faculty Union Employees)
- ' Professional Leave of Absence  
(Available to School of Law Faculty)
- ' Parental Leave of Absence  
(Available to School of Law Faculty)
- ' Parental Leave

' Yes

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5. Conditions:

1. I will not accept other employment during the period of leave.
2. If I do not return to work after this leave period expires my employment may be terminated, and I may be liable for the full benefit premiums paid on my behalf by the University.
3. When this leave ends, I understand I may or may not be returned to my position or a similar position.
4. I understand that if my leave is for medical reasons I must submit a doctor's note releasing me to full duty.
5. If you are on an Extended or Sick Leave of Absence, all accrued sick and vacation leave will be utilized during the course of this leave with accrued sick time used first.
6. Approval of these leaves is at the sole discretion of the University. Approval or denial of the requested leave shall be provided by the University along with any terms of the approval.

Signature and Acknowledgment:

I certify as to the truth and accuracy of the information I provided on this form.  
I further understand that if leave is due to a health condition, I must submit periodic, updated medical information completed by the appropriate health care provider at the University's request.

Employee Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

6. Human Resources Review

Authorized University Signature

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Date



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