



Office of Human Resources

# Leave Form

Classified (CA-CE/GG-GJ)  
Unclassified (UA-UH)  
(to be completed by Department)

## Employee Information

\_\_\_\_\_  
 Last Name                      First Name                      MI                      University ID Number                      Position #                      Suffix

\_\_\_\_\_  
 ECLS                      Department Name                      Home Dept. Org.

## Leave Information

Complete leave information when Leave of Absence is expected to extend two weeks or more.

If leave is at employee's request, attach a copy of the employee's Leave Request Form or letter.

\_\_\_\_\_  
 Date                      Begin Leave of Absence

\_\_\_\_\_  
 Date                      Return from Leave of Absence  
 (first day back)

- Leave Without Pay
- Educational Leave without Pay
- Extended Military Leave without Pay
- Peace Corps Leave without Pay

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

## Sabbatical Information (Unclassified Employees)

You Must Attach:

1. Approved Application & Contract for Sabbatical Leave

\_\_\_\_\_  
 Date                      Begin Sabbatical (Date)

\_\_\_\_\_  
 Date                      Return from Sabbatical (first day back)

\_\_\_\_\_ Approved Sabbatical Leave Appt. %

Job Location while on Sabbatical Leave:  
 \_\_\_\_\_

## Sabbatical Labor Distribution

Earn Code	Percent	Index	Account Code	Activity Code	Initial/Date
SAB  <i>Note: Total percent must equal %100</i>			10123		
			10123		
			10123		
			10123		
			10123		

## Comments

Completed by \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Departmental/Unit Approval \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**For Office of Human Resources Use Only**

Office of Human Resources Approval \_\_\_\_\_ Date \_\_\_\_\_

microfilm: LF