

ESU 8 Leave Request Form

Employees desiring a leave of absence (more than 5 days consecutive) must complete this form and submit it for approval before the leave may be granted. Please type or print neatly and submit the request to your supervisor. If your supervisor and department approves your request submit this form to the Business Office at least thirty (30) days prior to the beginning of the leave or as soon as the need is foreseeable.

Name: _____ Date of Request: _____
Last First Middle

Department: _____ Position Title: _____

I hereby request an extended leave of absence for the period beginning _____
month – day – year time
through _____ . I will return to work on _____
month – day – year time

Total # work days requested _____ Total # work day requested without pay _____

I am requesting this leave because:

***NOTE:** Approved leave without pay may result in appropriate deductions to your salary and benefits. You may be required to pay out-of-pocket to cover insurance premiums or reimburse ESU 8 for any insurance premiums that are covered while you are on leave.

Employee's Signature Date ***NOTE:** Please give this form to your supervisor.

I hereby (check one) approve _____ disapprove _____ the requested extended leave of absence.

Supervisor Date

Department Coordinator Date

This section to be completed by Business Office

I hereby (check one) approve _____ disapprove _____ the requested leave of absence.

REMARKS:

Business Manager Date
