

Request for Unpaid Personal Leave of Absence

I. EMPLOYEE-Please Print:

Employee Name: Last, First MI	Date of Birth
Employee A #:	Department:
Home Phone #:	Work Phone #:

I hereby request Personal Leave of Absence from West Virginia University for the following date(s) and hours:

Start Date: _____ End Date: _____ Total Number of Hours: _____

Reason for request:

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I understand that my request may be denied. I understand that I will not receive pay for hours on a personal leave of absence. I further understand that the institution shall continue group health insurance coverage provided that the employee pays the employer the full premium costs of such group health plan. Failure to provide payment will result in the cancellation of benefits. I understand that failure of the employee to report promptly at the expiration of a leave of absence without pay, except for satisfactory reasons submitted in advance, shall be cause for termination of employment by the institution.

Signature: Employee

Date

II. DEPARTMENT

Approved

Approved-Modified: Start Date: _____ End Date: _____ Total Number of Hours: _____

Denied: Reason for Denial: _____

Signature: Dean/Director/Administrator

Date

III. PRESIDENT OR DESIGNEE

Approved

Denied

Signature: President or designee

Date