**LEAVE OF ABSENCE FORM**

**SECTION I. EMPLOYEE INFORMATION**

This form is used to place an employee on a non-disability leave of absence.

Current Staff:

HR/PPPL/DOF Monthly Staff

Correction

HR/PPPL Biweekly Staff

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 *Last Name* *First Name* *MI*

Empl ID: \_\_\_\_\_\_\_\_\_\_ Dept #: \_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Unit: (drop down)

**SECTION II. LEAVE INFORMATION**

Begin Leave of Absence on: \_\_\_\_\_\_\_\_\_\_\_ Estimated Return from Leave on: \_\_\_\_\_\_\_\_\_\_

 *MM/DD/YY MM/DD/YY*

**Choose one of the following:**

 Unpaid Leave of Absence Paid Leave of Absence LTD Leave of Absence

Reason for leave: Vacation **Hours** to be Paid (**Not Days):** \_\_\_\_\_\_\_\_\_\_\_\_\_

Charge Vacation to Department # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Charge Vacation to Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charge Vacation to Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Charge Vacation to PC BU: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charge Vacation to Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Charge Vacation to Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION III. RETURN FROM LEAVE**

Return from Leave on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *MM/DD/YY*

**Choose one:**  Return in the same month leave began

 Return in a different month than leave began

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized Department Signature Date Authorized Human Resources/DOF Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

*Upon completion, submit to the Office of the Dean of the Faculty or the Office of Human Resources as follows:*

*Office of the Dean of the Faculty – scan and submit to DOF dropbox*

*Main Campus HR – scan and email to your designated HR Representative*

*PPPL Human Resources – scan and email to your designated HR Representative*

 *6/2019*