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| Evanston Campus Employees: Human Resources 720 University Place Evanston, IL 60208-1145 (847)491-7507 Phone (847)491-5136 Fax | NORTHWESTERN UNIVERSITY Leave of Absence Request Please print or type | Chicago Campus Employees: Human Resources, Rm. 150 710 North Lake Shore Drive Chicago, IL 60611-3008 (312)503-8481 Phone (312)503-1741 Fax |
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EMPLOYEE INFORMATION

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| NAME Last _____ First _____ M.I. _____ | | EMPLOYEE ID: _____ | |
| JOB TITLE _____ | | DEPARTMENT: _____ | |
| HOME ADDRESS Street _____ Apt. _____ City _____ State _____ Zip _____ | | CAMPUS: _____ | |
| EMPLOYMENT STATUS <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly | DATE OF HIRE: _____ | CAMPUS PHONE: _____ | HOME PHONE: _____ |
| For exempt employees, please specify the amount of accrued but <u>unused</u> time as of your final work day. | Vacation days: _____ | Sick leave days: _____ | Personal floating holidays: _____ |
| | | | Supervisor verification: _____ |

REASON FOR THE LEAVE Please complete the following information indicating the purpose for the leave of absence:

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| <input type="checkbox"/> To attend school. Course of study: _____ <input type="checkbox"/> Personal. Attach a letter describing travel, research program, or relevance of leave to your University work. <input type="checkbox"/> Military Service <input type="checkbox"/> Other:(Explain) _____ _____ _____ | <input type="checkbox"/> Personal serious health condition* <input type="checkbox"/> To care for an immediate family member with a serious health condition* <input type="checkbox"/> For the birth of a child; Anticipated due date: _____ <input type="checkbox"/> For placement of a child for adoption or foster care; Anticipated date of placement, if known: _____ * Certification of Healthcare Provider form is required. |
| LAST WORK DAY: _____ | RETURN TO WORK DAY: _____ |

ACKNOWLEDGEMENT

I understand that a Leave of Absence for illness or injury is a medical absence and must be supported with the completed Certification of Healthcare Provider. If this request is approved, I will return to University employment on the return to work day indicated above. My employment will be terminated at the end of the leave unless I request and receive prior to the return to work day a written approval for extension of the leave. In order to continue employee benefits during leave I must make arrangements with the Benefits Division for payment of any required premiums at the rates applicable to employees on Leaves of Absence. A Leave of Absence At-Large holds no guarantee of continued employment. I have received information regarding my entitlements under the Family & Medical Leave Act of 1993.

Prior to the start of a Leave of Absence, I will use all accrued unused vacation and personal floating holiday time. During an unpaid leave I do not accrue sick leave, vacation, or personal floating holidays and I am not eligible for any paid holidays. I understand that misrepresentation in requesting a Leave of Absence may result in termination of employment.

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| EMPLOYEE SIGNATURE _____ | DATE _____ |
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APPROVALS

Requests for leave of absence must be reviewed by the Department of Human Resources for authorization or denial.

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| DEPARTMENT SUPERVISOR: The request for the leave of absence is: <input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended; Reason: _____ _____ <input type="checkbox"/> The Department will reinstate this employee in the same position upon return from the leave of absence, unless the employee is unable to perform the essential duties. <input type="checkbox"/> The Department is unable to hold the position for the employee's return from leave. A leave at large is recommended. Reason: _____ | Name (please print) _____ Title _____ Signature _____ Date _____ |
| HUMAN RESOURCES: The request for the leave of absence is: <input type="checkbox"/> Approved Leave of Absence <input type="checkbox"/> Approved Leave of Absence At Large <input type="checkbox"/> Not approved If approved, first date of unpaid leave: _____ | Name (please print) _____ Title _____ Signature _____ Date _____ |