
Employee Application for Leave Without Pay

Name: _____ Smith ID#: _____

Position: _____ Department: _____

Date of Hire: _____

Please complete the relevant section(s) below and submit application to your department head for signature.

Reason for Leave: _____**Please Check One:**

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- Short-term Leave Without Pay (up to 10 consecutive days)**

I am requesting a short-term unpaid leave of absence under the provisions of the *Leave Without Pay* policy. I am not eligible for paid leave under any other leave plans, and have exhausted all vacation and personal time. I have reviewed the policy and understand the impact on my pay, job status, and benefits. I understand and accept my obligations under this policy.

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- Long-Term Leave Without Pay (11 days to 6 months)**

I understand to qualify for this leave, I must have been employed by the College for a minimum of 12 consecutive months in a regular position of half-time or more prior to the beginning of the leave.

I am requesting a long-term unpaid leave of absence under the provisions of the *Leave Without Pay* policy. I am not eligible for paid leave under any other leave plans and have exhausted all vacation and personal time. I have reviewed the policy and understand the impact on my pay, job status, and benefits. I understand and accept my obligations under this policy.

Start date of leave: _____

Return to work date: _____

Signature: _____**Date:** _____**Department Head Signature:** _____**Date:** _____**Please check one:** Approved Denied