Personal Leave of Absence Request Form

PERSONAL LEAVE OF ABSENCE REQUEST QUICK STEPS:

Employee: Complete request form and submit it to your leader when you would like to request time off from work

- (with or without pay) in the following circumstances when the leave is anticipated to last more than two (2) continuous weeks:
 - x Time away from work or adjustment to regular work schedule (continuous/full-time or reduced/part-time schedule change) AND
 - x It's been determined you are not eligible for, have exhausted, or have a leave request that does not qualify under other circumstances (Family and Medical Leave Act, ADA Workplace Accommodation, or Paid Parental Leave)

Please contact your HR Business Partner (HRBP) if you have questions. Confirm your HRBP here: (<u>https://www.wichita.edu/hr</u>). <u>Leader:</u> Consult with your HRBP when you receive a Personal Leave of Absence request form and prior to making a determination. Then, once a determination is made, submit the completed form to Human Resources.

| Name: | | myWSU ID: | |
|--|---|--|---|
| Home Address: | | | |
| | (City) | (State) | (Zip Code) |
| Home Telephone: | | Work Telephone: | |
| Department Name: | | | |
| Supervisor's Name: | | | |
| Leave Begin ning Date: | | Leave Ending Date: | |
| Briefly Explain Reason fo | r the Leave (information pro | ovided is what will be used to determine if | leave is approved): |
| | | | |
| | | | |
| | | | |
| Type of Leave Requested: | Full-Time/Continuous Le | eave Reduced/Part-Time Schedule | |
| totalrewards@wichita.edu leave. If you are in pay statu However, if you go into unp leaves greater than 30 days continue coverage, which c your benefit premiums colle status, the collected premiu arrangements in advance w SALARY SPREAD: If you a salary spread and elect to ta | to ensure you understand us while on leave, your ben aid status during your leave will result in coverage to omes at a different premiun acted in arrears or make dire ms will au tomatically be with HR Total Rewards. re an academic year faculty ake an unpaid personal | t is your responsibility to contact HR Tota how your benefits will be impacted w efit premiums will continue to be d this will impact your ability and cost termination where you would need to n cost. Unpaid leaves less than 30 days ect paym ents until you return to pay deducted from your fi rst paycheck(s) y or st aff member in a 9 or 10 month a leave, this will impact the ability of you erviceCenter@wichita.edu to understan | hen requesting a personal educted from yo ur paycheck. st to continue benefits. Unpaid enroll in Direct Bill to be able to you may be able to have status. Once you return to pay unle ss you make other appointment who has elected r salary spread to cover |

Employee Signature

Date

Distribution Original: Human Resources cc: Employee, Leadership

LEADER AUTHORIZATION

