

Request for Unpaid Personal Leave of Absence

I. EMPLOYEE INFORMATION:

Employee Name: Last, First MI	Date of Birth:
Employee #:	Employer: <input type="checkbox"/> WVU (all campuses) <input type="checkbox"/> WVU Research Corporation
Home Phone #:	Work Phone #:
<p>I hereby request Personal Leave of Absence from West Virginia University for the following date(s) and hours:</p> <p>Start Date: _____ End Date: _____ Total Number of Hours: _____</p> <p>Detailed reason for request:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>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 an extended leave of absence may result in being billed for my employee and employer benefit cost to continue any insurance benefits through West Virginia University. Failure to provide payment may result in the cancellation of my benefits.</p> <p>_____ Signature: Employee _____ Date</p>	

II. DEPARTMENT

<input type="checkbox"/> Approved <input type="checkbox"/> Approved-Modified: Start Date: _____ End Date: _____ Total Number of Hours: _____ <input type="checkbox"/> Denied: Reason for Denial: <p>_____</p> <p>_____ Signature: Dean/Director/Administrator _____ Date</p>
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III. SHARED SERVICES

<input type="checkbox"/> Approved <input type="checkbox"/> Denied: Reason for Denial: <p>_____</p> <p>_____ Signature: Workforce Administration _____ Date</p>
