

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:

- Time away from work or adjustment to regular work schedule (continuous/full-time or reduced/part-time schedule change) AND
- 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: (<https://www.wichita.edu/hr>).

Leader: 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 Beginning Date: _____ **Leave Ending Date:** _____

Briefly Explain Reason for the Leave (information provided is what will be used to determine if leave is approved):

Type of Leave Requested: Full-Time/Continuous Leave Reduced/Part-Time Schedule

BENEFIT PREMIUM PAYMENT WHILE ON LEAVE:

If you are in pay status while on leave, your benefit premiums will continue to be deducted from your paycheck. However, if you go into unpaid status during your leave, any benefit premiums normally deducted from your paycheck will be collected in arrears until you return to pay status. Once you return to pay status, the collected premiums will automatically be deducted from your first paycheck(s) unless you make other arrangements in advance with the Payroll Department. Please contact Payroll in Financial Operations at payroll@wichita.edu to discuss other options.

Employee Signature

Date

LEADER AUTHORIZATION

Request Approved: (Specify Reason)

Request Denied: (Specify Reason)

Leader Signature: _____

Date: _____