REQUEST FOR NON-HEALTH RELATED LEAVE OF ABSENCE

Employee Information

Name: ________________________ Employee ID #: ________________________

Supervisor: ____________________ Supervisor Phone #: ____________________

Expected Dates of Leave (approximate if unknown):

Begin Date _____/_____/_____
End Date _____/_____/_____

Special Leave Without Pay

Please state reason for Special Leave Without Pay:

Employee Signature: ____________________ Date: _________________

Supervisor Acknowledgment and Recommendation – Required Prior to Submission

I hereby acknowledge the employee’s request and recommend that the employee’s Request for Non-Health Related Leave of Absence be:

☐ Granted
☐ Denied (Please attach an explanation)

Supervisor Signature: ____________________ Date: ___________ Phone: ___________

Required Signatures For Special Leave Without Pay Only

Cognizant Vice President
Printed Name: ______________________
Signature: ______________________
Date: ________________

Dean/Director
Printed Name: ______________________
Signature: ______________________
Date: ________________

Return completed form to:
University Benefits Department at 250 E 200 S Suite 125, Salt Lake City, UT 84111 or fax to (801) 585-7375

07/08
Non Health Related Leave of Absence

Under special and urgent circumstances, the University may permit a Benefit-eligible Employee to take a special leave without pay. These special circumstances may include, but are not limited to, personal convalesces, the serious health condition of a parent-in-law or continued education. *

• A request for special leave without pay must be submitted, in writing, to the employee's Responsible Officer. The written request should state:
  (a) the reason why the special leave without pay is being requested
  (b) the proposed date on which the requested special leave is to commence
  (c) the employee's intent to return to work upon conclusion of the leave
  (d) the estimated date on which the employee reasonably expects to return to work.

• The Responsible Officer will recommends the approval or the denial of the request after considering the relative need and urgency of the request, the employee's length of service, and the overall effect the absence will have on University operations. The Responsible Officer will then forward the requests for a special leave without pay and his/her recommendation to the cognizant vice president. The cognizant vice president will then approve or deny the request.
  - The cognizant vice president may approve the request subject to any conditions he/she feels are appropriate.
  - A special leave without pay may not be granted for more than one (1) year unless approved by the President.

• University will make a good faith effort, subject to availability of funds and vacant positions, to restore the employee to an equivalent position with equivalent employment benefits, pay and other terms and conditions of employment. The University cannot, however, assure that an employee returning to work after a special leave of absence will be reinstated.

* Faculty members, in appropriate cases, may be granted a leave in accordance with Policy and Procedure 8-8, Chapter VIII, Section 11.