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:

- Special Leave cannot exceed one year without the University President’s approval.
- The University cannot assure that I will be reinstated to the same or an equivalent position after returning from leave.
- Circumstances that may warrant special leave include, but are not limited to, personal rehabilitation, the serious health condition of a spouse or child, or continued education.

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:

- Grant
- Deny (Please attach an explanation)

Supervisor Signature: ____________________________  Date: __________  Phone: __________

Required For Special Leave Without Pay Only

Cognizant Vice President
Printed Name: ____________________________  Signature: ____________________________
Date: ____________________________

Dean/Director
Printed Name: ____________________________  Signature: ____________________________
Date: ____________________________

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