

Request for a Personal Leave of Absence

I. EMPLOYEE-Please Print:

| | |
|-------------------------------|--|
| Employee Name: Last, First MI | Date of Birth |
| Employee #: | Institution <input type="checkbox"/> WVU-Main <input type="checkbox"/> WVU-HSC Charleston <input type="checkbox"/> WVU-P <input type="checkbox"/> WVU-PSC <input type="checkbox"/> WVU-Tech |
| Home Phone #: | Work Phone #: |

I hereby request a Personal Leave of Absence from West Virginia University for the following date(s) and hours:

Start Date: _____ End Date: _____ Total Number of Hours: _____

Reason for request:

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 my being billed for payment to continue any insurance benefits through West Virginia University. Failure to provide payment will result in the cancellation of benefits.

 Signature: Employee _____
 Date

II. DEPARTMENT

Approved

Approved-Modified: Start Date: _____ End Date: _____ Total Number of Hours: _____

Denied: Reason for Denial: _____

 Signature: Dean/Director/Administrator _____
 Date

III. HUMAN RESOURCES

Approved for Billing (continuance of coverage if paid by employee)

Denied: Reason for Denial: _____

 Signature: Central Human Resources _____
 Date