



The University of Chicago
6054 South Drexel Avenue
Chicago, Illinois 60637

Personal Leave of Absence Request Form

Effective 08/2011

Biweekly Monthly

PLEASE PRINT:

Employee Name: Last 4 of SSN#: Job Number:
Home Address: City State, Zip:
E-mail address: Home Phone Number: Work Phone Number:
Job Title: Department Number: Dept. Name:
Personal Leave of Absence to Begin: Personal Leave of Absence to End:

REASON FOR PERSONAL LEAVE OF ABSENCE:

To Attend School Military Service Other, Specify Personal Union Business

PLEASE REVIEW THE PERSONAL LEAVE OF ABSENCE POLICY TO UNDERSTAND THE TERMS OF THIS LEAVE:
www.hrservices.uchicago.edu

I HAVE REVEIWED AND UNDERSTAND THE TERMS AND THE CONDITIONS OF MY PERSONAL LEAVE OF ABSENCE REQUEST AS STATED IN THE LINK ABOVE

Employee Signature

Date

For Department/Division Administration Use

Accrual Balances (hours) at Effective Date of Personal Leave of Absence: Vacation: Personal Holiday: Unused Sick

Leave Approved Leave Denied
Department Head/Supervisor Date

(C) The Department will reinstate the above named employee in the same or a comparable assignment upon return from Personal Leave of Absence, unless the employee is unable to perform the essential functions of the job with or without reasonable accommodation for such a position.
(U) The Department is unable to hold an assignment into which the above named employee may be reinstated upon return from Personal Leave of Absence.*

Leave Approved Leave Denied
Dean/Administrative Officer Date

Leave Approved Leave Denied
Absence Management Date

* The Department will be required to hold the position for military leave as required by law.