# REQUEST FOR EMPLOYEE LEAVE

**TYPE OF LEAVE REQUESTED**

- [ ] Leave without Pay
- [ ] Research Assignment Leave (full pay)
- [ ] Study Research Leave (half pay)
- [ ] Return from Leave

**Effective Date:** Fall Semester 2022

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**Employee ID Number**
010101010

**Employee Name**
Doe

**Position Number**
1010101

**Title or Rank**
Associate Professor

**Department Number**
1010101

**Department Name**
Physics

**Mailing Address (for tax withholding statements)**

- **First day faculty will be on leave status:**
- **Anticipated Return:**

- **Date of Leave:** 8/10/2022

- **Last day of leave:**

**Type of Appointment**
- [ ] Regular
- [ ] AY
- [ ] Restricted
- [ ] CY

**Work Schedule, if other than M-F:**

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**Leave without Pay**

- [ ] Education**
- [ ] Medical* (Traditional Sick Leave Program ONLY) (Medical certification required)
- [ ] Family and Medical Leave Act* (Medical certification required)
- [ ] Personal Reasons**
- [ ] Workers’ Compensation*
- [ ] Military*** (Military orders required)

**Employee wishes to continue the following benefits while on LWOP (Bursar’s Office will bill monthly.)**

- [ ] Health Insurance
- [ ] Accidental Death and Dismemberment
- [ ] Long-Term Disability (Classified Only)
- [ ] Optional Life Insurance

**Retain Leave Balances While Out**

- [ ] Yes
- [ ] No

**Leave Share**

- [ ] Employee is applying for leave share

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**Leave with Pay (Faculty)**

- [ ] Research Assignment Leave with Full Pay
- [ ] Study Research Leave with Partial Pay
- [ ] Educational Leave with Partial Pay

**Current Salary:** 100,000

**Requested Salary:** 100,000

- [ ] Leave-Without-Pay/Layoff (12 Months)*
- [ ] Leave-Without-Pay/Temporary Work Force Reduction (MAX of 690 hours in 365 day period)*

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**Human Resources Use Only**

- [ ] Official Military Orders Received
- [ ] Military Leave Worksheet
- [ ] Physician Letter Received

**Leave Balances**

- [ ] Annual
- [ ] Sick
- [ ] Compensatory

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**Human Resources Form P4B (Rev 06/2021)**
# REQUEST FOR EMPLOYEE LEAVE

## TYPE OF LEAVE REQUESTED

- [ ] Leave without Pay
- [ ] Research Assignment Leave (full pay)
- [ ] Study Research Leave (half pay)
- [ ] Return from Leave

Effective Date: AY2022-23

## Employee Information

<table>
<thead>
<tr>
<th>Employee ID Number</th>
<th>Employee Name</th>
<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>010101010</td>
<td>Doe</td>
<td></td>
<td>John</td>
<td>R</td>
</tr>
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</tbody>
</table>

Mailing Address (for tax withholding statements)

First day faculty will be on leave status

Last day of leave status (not the work schedule)

Leave without Pay

- [ ] Education**
- [ ] Medical* (Traditional Sick Leave Program ONLY)
  - (Medical certification required)
- [ ] Family and Medical Leave Act*
  - (Medical certification required)
- [ ] Self
- [ ] Family Member
- [ ] Personal Reasons**
- [ ] Workers' Compensation*
- [ ] Military*** (Military orders required)

Employee wishes to continue the following benefits while on LWOP (Bursar's Office will bill monthly.) **

- [ ] Health Insurance
- [ ] Accidental Death and Dismemberment
- [ ] Long-Term Disability (Classified Only)
- [ ] Optional Life Insurance

Retain Leave Balances While Out

- [ ] Yes
- [ ] No

Leave Share

- [ ] Employee is applying for leave share

Leave with Pay (Faculty)

- [ ] Research Assignment Leave with Full Pay
- [ ] Study Research Leave with Partial Pay
- [ ] Educational Leave with Partial Pay

Current Salary: 100,000

Requested Salary: \( 50\% \times 50,000 \)

Layoff

- [ ] Leave-Without-Pay/Layoff (12 Months)*
- [ ] Leave-Without-Pay/Temporary Work Force Reduction (MAX of 690 hours in 365 day period)*

Human Resources Use Only

- [ ] Official Military Orders Received
- [ ] Military Leave Worksheet
- [ ] Physician Letter Received

Leave Balances

- [ ] Annual
- [ ] Sick
- [ ] Compensatory

PS Form P4B (Rev 06/2021)