

If plans change after approval has been given, written notification of such changes must be made to all who signed the form.

# REQUEST FOR LEAVE OF ABSENCE and PAYROLL REQUEST FORM

Firm Request                       Contingent Request-For planning purposes only                       Revision  
Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_ UO ID # \_\_\_\_\_

Position \_\_\_\_\_ Suffix \_\_\_\_\_ Rank \_\_\_\_\_

School or Dept \_\_\_\_\_ TS Org \_\_\_\_\_ E Class \_\_\_\_\_

Dates of Requested Leave: From \_\_\_\_\_ To \_\_\_\_\_

FTE while on leave \_\_\_\_\_ FTE reduction while on leave \_\_\_\_\_

Base Rate \_\_\_\_\_ Monthly Salary while on leave \_\_\_\_\_

Dates of last leave of Absence: From \_\_\_\_\_ To \_\_\_\_\_

Request contingent upon \_\_\_\_\_

Date when decision is expected: \_\_\_\_\_ Please submit form when leave is firm; only firm requests will be sent to Payroll.

Address(es) of correspondence while on leave (if known):

Purpose of or reason for leave (required):

### Labor Distribution - For firm requests only

Index	Fund	Org	Account	Pgm	Activity	Monthly \$	%

### Signatures

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Dean or Director \_\_\_\_\_ Date \_\_\_\_\_

VP \_\_\_\_\_ Date \_\_\_\_\_