



HUMAN RESOURCES

Illinois State University

Personal Leave of Absence Request

Employee Requesting Leave

Name: _____ University ID: _____
Department: _____ Supervisor: _____
Employee Classification: Choose an item. Appointment End Date (if non-continuous): _____
Dates of Leave Request: _____ through close of business _____
Reason for leave: _____

I have read and understand the benefit implications associated with a Personal Leave of Absence as outlined in Policy 3.2.9.

Prior Personal Leave(s) granted (date range): _____

Employee Signature

Printed Name

Date

Employee's Department

Approved

Department justification for support of leave: _____

How will the Department manage the employee's workload in their absence? Will there be any associated costs? _____

Denied

Comments (required for denial): _____

Department Signature

Printed Name

Date

To Be Completed by Human Resources

Approved Denied

Comments (required for denial):

AVP for Human Resources Signature

Printed Name

Date

To Be Completed by Division Vice President

Approved Denied

Comments (required for denial):

Vice President Signature

Printed Name

Date

For Human Resources Use Only

Data Management

PLA-Personal Leave effective date: _____

LOA-Personal Leave effective date: _____

Expected Return Date: _____

Benefits Counselor

Set follow-up for RTW

CMS and Benefit Date Updates

Send CMS LOA/RFL Notice

Notify Retirement Consultant for SURS Event