

Personal Leave of Absence Request Form

PERSONAL LEAVE OF ABSENCE REQUEST QUICK STEPS:

Employee: Complete request form and submit it to your leader when you would like to request time off from work

- (with or without pay) in the following circumstances when the leave is anticipated to last more than two (2) continuous weeks:
- Time away from work or adjustment to regular work schedule (continuous/full-time or reduced/part-time schedule change) AND
- It's been determined you are not eligible for, have exhausted, or have a leave request that does not qualify under other circumstances (Family and Medical Leave Act, ADA Workplace Accommodation, or Paid Parental Leave)

Please contact your HR Business Partner (HRBP) if you have questions. Confirm your HRBP here: (<u>https://www.wichita.edu/hr</u>). **Leader:** Consult with your HRBP when you receive a Personal Leave of Absence request form and prior to making a determination. Then, once a determination is made, submit the completed form to Human Resources.

Name:		ту	_ myWSU ID:	
Home Address:				
	(City)	(State)	(Zip Code)	
Home Telephone:		Work Telephone:		
Department Name:				
Supervisor's Name:				
Leave Beginning Date:		Leave Ending Date:		
Briefly Explain Reason for th	e Leave (information prov	vided is what will be used to determin	e if leave is approved):	
Type of Leave Requested:	Full-Time/Continuous Lea	ave 🔘 Reduced/Part-Time Sched		
otalrewards@wichita.edu to	ensure you understand	is your responsibility to contact H d how your benefits will be impact enefit premiums will continue to b	ed when requesting a personal	
lowever, if you go into unpa	id status during your le	eave this will impact your ability an	id cost to continue benefits. Unpaid	
continue coverage, which co your benefit premiums collected premiurs the collected premiur	omes at a different prem cted in arrears or make ns will automatically be	ium cost. Unpaid leaves less that	to enroll in Direct Bill to be able to n 30 days you may be able to have o pay status. Once you return to pay k(s) unless you make other	
alary spread and elect to ta	e an academic year facu ke an unpaid personal l	Ity or staff member in a 9 or 10 mo eave, this will impact the ability of <mark>viceCenter@wichita.edu</mark> to unders	your salary spread to cover	

Employee Signature

Date

Distribution Original: Human Resources cc: Employee, Leadership

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LEADER AUTHORIZATION

Request Approved:	(Specify Reason)		
Request Denied: (S	pecify Reason)		

Leader Signature: _____

Date: _____