Leave Without Pay Request Form

Leave application for personal (non-medical) reasons

PART 1: To be completed by employee

Instructions: Rev	view Leave Wit	chout Pay Policy; com	plete all of Par	rt 1 and su	bmit to you	ır unit to c	omplete Part	: 2.		
Employee Name School/College/Campus Academi		Emplo	Employee ID (EID)		Academic Title (e.g., Assistant Professor WoT)					
		Academic Unit (if app	olicable)		UW-Sponsored Visa Status					
Roster Percent (regular FTE)	Percentage on Leave	Percentage Active		Leave Start Date		Leave End Date				
%	Ç	%	%							
This leave will tak	e place during	my mandatory review	w year '	Yes	No	N/A				
This leave is relate	ed to Outside \	Nork and I've receive	d an approved	l Form 146	0 from the	Office of F	Research	Yes	N/A	
For partial leave r	equests, descr	ibe how/what regular	r duties will be	e reduced v	while on lea	ıve:				
medical) reasons.	I understand t	attest I am voluntarily hat if my request is a cage of approved leav	pproved, my c				-			
Employee signatu	re			Da	te					
PART 2: Unit A Instructions: Rev		hout Pay Policy and f	follow processi	ing steps c	outlined her	e.				
I have confirmed t	the impact to t	he individual's manda	atory review d	ate	Yes	N/A				
By signing below,	I confirm my a	pproval for this leave	request and t	the comme	ensurate re	duction in	responsibiliti	es as describ	oed above	
hair/director/campus dean/dean signature				Da	te					