



LEAVE OF ABSENCE FORM

This form is used to place an employee on a non-disability leave of absence.

Current Staff: HR/PPPL/DOF Monthly Staff Correction
 HR/PPPL Biweekly Staff Explain: _____

SECTION I. EMPLOYEE INFORMATION

Employee Name: _____
Last Name First Name MI

Empl ID: _____ Dept #: _____ Department: _____ Business Unit: (drop down)

SECTION II. LEAVE INFORMATION

Begin Leave of Absence on: _____ Estimated Return from Leave on: _____
MM/DD/YY MM/DD/YY

Choose one of the following:

Unpaid Leave of Absence Paid Leave of Absence LTD Leave of Absence

Reason for leave: _____ Vacation **Hours** to be Paid (**Not Days**): _____

SECTION III. RETURN FROM LEAVE

Return from Leave on: _____
MM/DD/YY

Choose one: Return in the same month leave began
 Return in a different month than leave began

Comments: _____

 Authorized Department Signature Date

 Authorized Human Resources/DOF Signature Date

 Print Name

Fax or mail to the Office of the Dean of the Faculty or your Office of Human Resources:

- Office of the Dean of the Faculty – 8-2168, 9 Nassau Hall
- Main Campus HR – 8-2420, 2 New South
- PPPL Human Resources – 243-2050, MS33 C-Site