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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | **Leave of Absence without Pay**  **Request Form** | | | | | | | |  | | | | | | | |
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|  | | | | | | |  | |  |  | | | | | |  | |  |  | | | |
| Employee’s Name | | | | | | |  | |  | Department | | | | | |  | |  | Employee ID | | | |
|  | | | | | | |  | |  |  | | | | | |  | |  |  | | | |
|  | | | | | | |  | |  |  | | | | | |  | |  |  | | | |
| Street Address | | | | | | |  | |  | City/State | | | | | |  | |  | Zip Code | | | |
|  | | | | | | |  | |  |  | | | | | |  | |  |  | | | |
|  | | | | | | |  | |  |  | | | | | |  | |  |  | | | |
| Home Telephone | | | | | | |  | |  | Work Telephone | | | | | |  | |  | Date of Hire | | | |
| An eligible employee must hold a regular full-time or regular part-time (50% or more) position, have completed a total of at least twelve (12) months of service at the University of Maryland, have a satisfactory record of work performance and shall **not** have a record of abuse of accrued leave usage. *Please note that when on leave without pay all benefits (i.e. health, life insurance, etc.) stop unless you make direct payments and failure to continue payments may result in not being eligible for benefits until 7/1 even if you return to paid status prior to 7/1.   For assistance please contact the Benefit’s area at 410-706-2616.* | | | | | | | | | | | | | | | | | | | | | | |
| A school/department may approve requests for leaves of absence without pay **up to 30 calendar days**. If the request is for more than 30 calendar days the school/department must submit and Employee Action form to the HR Service Center and get final approval from the Director of Human Resource Services.  **VII - 7.12(A) - UMB POLICY ON LEAVE OF ABSENCE WITHOUT PAY** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **Date Leave Starts** | | | | | | |  | **Expected Return Date** | | | | | | | | | | |
| Reason for Leave: Check One Below |  |  | |  | | | | | | |  |  |  | | | | | | | | | |
| Employees Own Illness  Family Illness | |  | | Military | | | | | | |  |  | (Attach a copy of orders) | | | | | | | | | |
|  |  |  | |  | | | | | | |  |  |  | | | | | | | | | |
| Pregnancy & Child Birth  Educational | | |  | | Other | | | | | |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Reason For Leave**: Provide a detailed explanation below or attach appropriate documentation to this request. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Is this an extension of a current leave?  Yes  No | | | | | | | | If yes, original dates were from | | | | | | | | |  | | | | to | |
| **\*Failure to return from an approved Leave of Absence without pay by the expected return to work date and in the absence of written notification shall be interpreted as a resignation.** | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  |  | | | |  | | | | |  |  | |  | | | | | | | | |
| Employee’s Signature |  |  | | | |  | | | | |  |  | | Date | | | | | | | | |
|  |  |  | | | |  | | | | |  |  | |  | | | | | | | | |
| I have read and understand the policy about leave without pay and certify the above information is true and complete. | | | | | | | | | | | | | | | | | | | | | | |
| Approved: |  |  | | Denied: | | | | | | |  |  | |  | | | | | |  | | |
|  |  |  | |  | | | | | | |  |  | |  | | | | | |  | | |
| Supervisor Date | | | | Supervisor | | | | | | | | | | | | | | | | Date | | |
| Approved: |  |  | | Denied: | | | | | | |  |  | |  | | | | | |  | | |
|  |  |  | |  | | | | | | |  |  | |  | | | | | |  | | |
| Director of Human Resources Date | | | | Director of Human Resources | | | | | | | | | | | | | | | | Date | | |