If plans change after approval has been given, written notification of such changes must be made to all who signed the form.

REQUEST FOR LEAVE OF ABSENCE and PAYROLL REQUEST FORM

Applicant's Name Position Suffix Rank School or Dept To FTE while on leave Base Rate Dates of Requested Leave: From FTE reduction while on leave Base Rate Monthly Salary while on leave Base Rate Dates of last leave of Absence: From Date when decision is expected: Please submit form when leave is firm; only firm requests will be sent to Playroll. Address(es) of correspondence while on leave (if known): Labor Distribution - For firm requests only Index Fund Org Account Pgm Activity Monthly \$ % Signatures Applicant Deate Dean or Director Date Date Date Date Date Date Date Date	Firm Req	uest	Contingent Request-For planning purposes only Revision					
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Human Resources JUNE 2017