



Section I – To be completed by the Employee (see next page for more information).

Select one: NEW request REVISION of prior request EXTENSION of prior request

Employee ID: Employee Name: First Name Middle Name Last Name

Department: College/Division:

Home Email: Campus Email:

Campus Phone: Home Phone: Cell Phone:

REASON FOR LEAVE (attach additional sheet if necessary)

TYPE OF TIME OFF REQUESTED (select one per form)

CONTINUOUS LEAVE

REDUCED SCHEDULE LEAVE (a RWS Request form must be attached)

Requested Start Date: Requested End Date:

I anticipate returning to my normal work schedule and duties on (date) (time).

While not working, I currently plan to use (check all that apply)

Annual Time Off

Compensatory Time Off

Unpaid Time Off

I understand and accept a leave of absence as stated on this page. I further acknowledge that I have read the "Information for Employee on Completion of Personal Leave of Absence Request Form" page accompanying this form and I understand my leave responsibilities and the information provided therein. If I plan to work elsewhere, I will include it on the appropriate conflict of interest form.

Employee Signature: Date:

Section II – To be completed by Leadership (see next page for more information).

Chair/Supervisor: Approved Not Approved Signature:

Print Name: Date:

Email: Campus Extension:

Dean/Director: Approved Not Approved Signature:

Print Name: Date:

Email: Campus Extension:

For Provost Use Only (for Faculty request only)

Provost/Designee: Approved Not Approved Signature:

Print Name: Date:

Comments:

Information for Employee on Completion of Personal Leave of Absence Request Form.

1. Falsification of this request, or any documentation provided to support this request, is cause for immediate dismissal.
2. If your request is for medical reasons, please submit your request in Workday for care of yourself or a family member.
3. You must complete all fields check all appropriate boxes in Section I.
 - a. Select the appropriate request type. If this is an initial submission for the reason stated, select NEW leave of absence. If you have already submitted a request for this reason but the dates or other information have changed since submitting the original request, select REVISION. To request an extension of a current and previously approved leave of absence, select EXTENSION.
 - b. Please enter the requested personal information in each field.
 - c. In the REASON section, provide a brief description for your request.
 - d. Select the type of leave. During a Continuous leave, an employee does not work during the dates approved. A Reduced Work Schedule leave is when an employee is requesting a change in their normal schedule to work less than full-time. When requesting a Reduced Work Schedule, the employee and supervisor also complete a *Reduced Work Schedule Request Form* to document the agreed upon schedule.
 - e. Enter your requested leave beginning and ending dates and the date and time you plan to return to a normal work schedule (usually the day after the leave ends).
 - f. Check the appropriate box(es) if you plan to use accrued Annual, Compensatory, or Unpaid Time Off. You may not use Sick Time Off. *Note: If you choose to use accrued Time Off, you must submit a separate Time Off Request within Workday for any available Time Off hours you wish to use.*
4. After completing Section I, submit the form to their Chair/Supervisor for the completion of Section II.
5. Faculty requests also require Provost approval and an updated Conflict of Interest online form completed.
6. A Leave Specialist will add your Personal Leave of Absence (LOA) in Workday using the information from Section I and II for administrative purposes.
7. You will receive notification of approval or denial of the requested Leave of Absence via Workday notice and email. Questions regarding this form should be directed to HR Leave Administration at 407-823-2771, or you may email questions to loandworkcomp@ucf.edu.
8. At least two (2) weeks prior to the end of an approved leave of absence, you must submit a *Request Return from Leave of Absence* in Workday to confirm your intent to return to your normal work schedule. This applies to both Continuous and Reduced Work Schedule LOAs.
9. If you are not able to return to work after your approved leave end date, you must submit an extension request or your written resignation.
10. If you do not follow the university's leave procedure, you are subject to applicable disciplinary action. Any issues in obtaining forms or documentation by the date provided in leave approval documents must be reported to your supervisor and/or Leave Specialist prior to the deadline to be compliant with university leave procedures.
11. *You are responsible for payment of your benefits premiums. Premiums will be deducted from your paycheck if there are sufficient paid hours. It is your responsibility to either cancel benefits or, if the premiums are not deducted from your paycheck, to immediately contact the HR Benefits at 407-823-2771 or benefits@ucf.edu to arrange payment of your premiums. Otherwise, your benefits may be suspended.*

Information for Leaders on Completion of Section II.

1. The employee will complete Section I and submit the form to their chair/supervisor to begin completion of Section II.
2. **Chair/Supervisor:** Please complete all fields indicated for you. If not approved, please return to Leave Administration for processing. If approved, please forward the form to your college Dean or department Director for completion of their part.
3. **Dean/Director:** Please complete all fields indicated for you. For approved Faculty member requests, the form must be forwarded to the Provost office for final approval. For non-Faculty, please forward the completed form to Leave Administration.
4. **Provost:** Please complete all fields indicated for you, please forward the completed form to Leave Administration.
5. The final approval or denial administration for leaves of absence has been delegated to the Chief Human Resources Officer (or their designated representative). HR Leave Administration will issue notification of either denial or approval via Workday and email.
6. Questions regarding this form should be directed to HR Leave Administration at 407-823-2771 or you may email questions to loandworkcomp@ucf.edu.