

I University of Idaho PERSONAL LEAVE APPROVAL REQUEST FORM (revised 6-2021)

Personal Leave is leave without pay and without benefits. The supervisor and/or President/Designee may require the use of sick, annual, or any other type of accrued leave if the absence qualifies and leave is available. In rare circumstances, leave may be approved without pay, with continued benefits, but only when approved as an exception and only when doing so meets the business needs of the university. Hiring units are responsible for funding the benefits under these circumstances.

★ Faculty-Staff Handbook Policy [3710. O. Personal Leave](#) should be reviewed by employee and supervisor for full awareness and understanding of the policy prior to completing the request form.

EMPLOYEE COMPLETE THIS SECTION

Date of Request: Employee Class Code: Employee is on spread pay: No Yes
Employee Name: Vandal Number: V Email:
Department: College/Unit:
Supervisor:
College/Unit Administrative Contact Person: Email:
Absence Begins: Other Start Date: Other End Date:
Leave Balances as of Request Date: Annual Leave Comp Leave Sick Leave
Do you currently have any grants or contracts that will be active during your leave? No Yes (Explain)

EMPLOYEE: Summarize why the request is being made and the impact on your position and responsibilities while on leave.
(Attach additional pages if needed)

EMPLOYEE: by signing below, you acknowledge that you are requesting an approved leave status for the term identified and therefore no work assignments or expectations can exist during this time period. Additionally, there may be an impact to your benefits depending on the type of leave taken. If your situation changes, this request must be updated.

Please type name to sign Date

SUPERVISOR COMPLETE THIS SECTION - Explanation of support

SUPERVISOR: Explain the effect the personal leave absence will have on the unit. Justify why approval of the absence can be a benefit to the University business operations from your perspective as it relates to your unit:
(Attach additional pages if needed)

Approved
Not approved

Supervisor type name to sign Date

Approved
Not Approved

College/Unit Administrative Officer type name to sign Date

Supervisor Submit to benefits@uidaho.edu

HR/PAYROLL COMPLETE THIS SECTION

Type of Personal Leave Recommended for this request:
Statement of Effect on benefits, pay, contributions, etc.

Reviewer

Date

HR Submit to osp@uidaho.edu (if applicable)
If grants and contracts are marked active (yes) on page 1, OSP review required

OSP COMPLETE THIS SECTION

OSP: Document contingency plans for grants and/or contracts while the employee is on personal leave. Indicate recommendations as needed.

Reviewer

Date

OSP Submit to provost@uidaho.edu

PRESIDENT/DESIGNEE COMPLETE THIS SECTION

Approved
Not Approved
Notes:

Approval Signature

Date

President/Designee routing: Approved form sent to payroll, hrbp, benefits, hrepaf, budget, college administrative officer, employee, and supervisor.
