



FLORIDA STATE UNIVERSITY
 OFFICE OF HUMAN RESOURCES
 A6200 University Center
 Tallahassee, FL 32306-2410
 Phone: (850) 644-1449
 HR-AttendanceLeave@fsu.edu

LEAVE OF ABSENCE REQUEST (A&P, USPS, Faculty)

This form is not required for University approved leave programs which include: FMLA, Military, Parental, Sabbaticals/Professional Development, and Workers Compensation.

All University employees are expected to work their scheduled hours per week. In the event an employee is unable to satisfy their appointment requirements and is not otherwise covered by another University covered leave program, they may request a leave of absence. A leave of absence is an extended period of time either paid or unpaid that an employee is unable to satisfy their scheduled hour requirements. A full-time leave of absence is a period that no work is performed, while a partial leave of absence is a temporary reduction in the employee's scheduled hours. This does not include normal periods away from the workplace for occasional vacations, periods of illness, holidays, etc. Those requests should be routed through the department and approved by the employee's supervisor. An employee requesting a leave of absence should return to the University or otherwise separate from his/her position.

Employees requesting a leave of absence for personal reasons will be responsible, if applicable, for cancelling all benefits including health insurance coverage. In the event the employee elects to continue their University benefits, the employee will be responsible for paying the employee share of the premiums.

Employee Name (please print)	EMPLID	Rec. #	Effective Date	End Date
Department	Department Representative			

Please complete this section to initiate a Leave of Absence.

<input type="checkbox"/> Full-Time Personal (Unpaid/Unfunded)	<input type="checkbox"/> Part-Time – FTE remains 1.0 (using accrued leave and working a reduced schedule)
<input type="checkbox"/> Full-Time Medical (Unpaid/Unfunded)	<input type="checkbox"/> Part-Time - Reduction of FTE, Submit an ePAF in addition to this form.
<input type="checkbox"/> Full-Time Medical (Using accrued leave/Funded)	

Reason for Leave of Absence/Comments (Please attach any additional or supporting documentation):

Returning from Leave of Absence

Full-Time Leave of Absence - Employees will be returned from LOA on the day after the end date approved. A pPAF/ePAF must be submitted to *activate funding*. If the employee was approved for a reduction of FTE, a pPAF/ePAF should be submitted to include the *new standard hours and funding*.

By signing below, I am indicating that I have contacted the Office of Human Resources – Benefits (850-644-4015), and/or People First at 1-866-663-4735, to make the necessary arrangements to cancel or continue my benefits if applicable. Additionally, I fully understand that I will be responsible for paying my employee benefit premiums if I choose not to cancel my elected covered.

Employee Signature	Date	APPROVAL	
Supervisor	Date	Dean/Director/Department Head/Vice President	Date
Vice President for Faculty Development & Advancement	Date	Associate Vice President for Human Resources	Date