

## Request for Unpaid Personal Leave of Absence

**I. EMPLOYEE-Please Print:**

Employee Name: Last, First MI	Date of Birth
Employee #:	Employer: <input type="checkbox"/> WVU (all campuses) <input type="checkbox"/> WVU Research Corporation
Home Phone #:	Work Phone #:

**I hereby request Personal Leave of Absence from West Virginia University for the following date(s) and hours:**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Number of Hours: \_\_\_\_\_

**Reason for request:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that my request may be denied. I understand that I will not receive pay for hours on a personal leave of absence. I further understand that an extended leave of absence may result in my being billed both employee and employer benefit cost to continue any insurance benefits through West Virginia University. Failure to provide payment will result in the cancellation of benefits.

\_\_\_\_\_  
Signature: Employee

\_\_\_\_\_  
Date

**II. DEPARTMENT**

Approved

Approved-Modified: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Number of Hours: \_\_\_\_\_

Denied: Reason for Denial: \_\_\_\_\_

\_\_\_\_\_  
Signature: Dean/Director/Administrator

\_\_\_\_\_  
Date

**III. BENEFITS ADMINISTRATION**

Approved for Billing (continuance of coverage if paid by employee)

Denied: Reason for Denial: \_\_\_\_\_

\_\_\_\_\_  
Signature: Central Human Resources

\_\_\_\_\_  
Date