

Select One:

 New

 Revised

REQUEST FOR ABSENCE FROM CAMPUS (Non FMLA)

Employee: Complete Sections 1 and 2, then sign and route the form for approval (Section 3).

Section 1. COMPLETED BY EMPLOYEE (Consult with Business Office or Human Resources if information is not known)

A. Name: _____ **E. PUID/PERNR:** _____

B. Position Title: _____ **F. Pay Area:** AY FY BW

C. Org Unit Name(s): _____ **G. CUL:** _____

D. Org Unit Number(s): _____ **H. Hire Date:** _____

I. Type of Leave: (For leaves not qualifying as FMLA leave) Check all that are being requested.

If more than one leave type is being requested, list priority order of use and number of hours for each type of leave in Section 2.

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Vacation ¹ (V) | <input type="checkbox"/> Illness (When employee is not eligible for FMLA leave) ¹ (SE) |
| <input type="checkbox"/> Personal Holiday (Non-Exempt) ¹ (PH) | <input type="checkbox"/> Illness in Family (For leave not qualifying as FMLA leave) ¹ (SF) |
| <input type="checkbox"/> Personal Business Day(s) (Exempt) ¹ (PBD) | <input type="checkbox"/> Jury Duty/Witness Duty (attach copy of summons) ¹ (OL) |
| <input type="checkbox"/> Unpaid Personal Leave (22 days or less. Provide explanation in Section 2) ² (ABUP) | <input type="checkbox"/> Military (Attach copy of orders) ³ (MIPD [Paid]) (MIUP[Unpaid]) |
| <input type="checkbox"/> Unpaid Personal Leave (More than 22 days. Provide explanation in Section 2) ³ (ABUP) <i>Must complete item J (Source of Funding While on Leave) to properly charge Benefits</i> | <input type="checkbox"/> Bereavement (Specify the relationship of the deceased in Section 2.) ¹ (BV) |
| <input type="checkbox"/> Healthy Living at Work – Pilot (OL) | <input type="checkbox"/> Paid Parental Leave (When employee is not eligible for FMLA leave) ⁴ (PPL) |
| | <input type="checkbox"/> Outside Activity Leave (five consecutive working days or less) ² (OL) Reportable Outside Activity Form submitted on _____ MM/DD/YY |

J. Leave Compensation: With Pay Without Pay - First Day Without Pay: _____

K. Days Absent:
 First Day: _____ through Last Day: _____
 MM/DD/YY MM/DD/YY
 Number of Work Hours Absent: _____ (Note: **Exempt Staff** record in increments of no less than one-half workday)

L. Source of Salary Funding While on Leave:

(For Paid Parental Leaves, Military Leaves, Sick Leaves of more than 10 workdays, or unpaid personal leave for more than 22 days:)

| | | | |
|------------------|---------|------------------|---------|
| _____ | _____ | _____ | _____ |
| Fund/Cost Center | Percent | Fund/Cost Center | Percent |

M. Graduate Student Summer Internship: (additional information REQUIRED for grad school)

- Company/Organization name: _____
- Company Address: _____
- Summer contact information: (including phone number) _____
- Name of Supervisor: _____

Section 2. Business Office Contact

Name and Phone # _____

ADDITIONAL COMMENTS (Provide required explanation as noted above)
 If more than one leave type or a partial day is requested, indicate number of hours for each type of leave.

Section 3. SIGNATURES (Provide approved copy to Business Office and Employee)

| | | | |
|-----------------------------------------------------------|-----------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All org units must provide signatures or initials. | | | APPROVED PRESIDENT'S OFFICE Purdue University _____ Not valid unless dated and signed by Authorized University Officer |
| Individual Requesting Leave: | Signature _____ | Date _____ | |
| Department Head / Supervisor: | Signature _____ | Date _____ | |
| Dean or Administrative Officer or Business Office: | Signature _____ | Date _____ | |
| Human Resources Director or Designee: | Signature _____ | Date _____ | |

BUSINESS OFFICE/HUMAN RESOURCE SERVICES/PAYROLL USE ONLY

PPL Eligibility based on 100% CUL:
 240 Hours: _____
 120 Hours: _____

Policies regarding absence from University duty are found at www.purdue.edu/policies/pages/human_resources/human_res.html

¹ Required approval: Supervisor
² Required approval: Department Head
³ Required Approvals: **Clerical/Service** - Department Head and Campus Human Resource Services Director or Designee; **Faculty, Continuing Lecturers and Administrative/Professional** - Department Head; Dean or Director; and employee's Vice President, Chancellor, or designee; Human Resources distributes completed copies to Business Office (provide copy to employee) and HR Data Entry. Central Files retains original in employee's personnel file.
⁴ Required Approval: Supervisor and Department Head; Business Office or Human Resource Services. Send approved form to West Lafayette, HRS-Employee Relations, or appropriate regional campus Human Resources. Provide medical documentation, adoption paperwork, or birth paperwork to West Lafayette, HRS-Employee Relations, or appropriate regional campus Human Resources.