



Personal Leave of Absence Request

EMPLOYEE INFORMATION	
Employee's Name:	Employee ID:
Department/College/School:	Telephone:
EMPLOYMENT TYPE	
<input type="checkbox"/> USPS <input type="checkbox"/> Faculty <input type="checkbox"/> A&P <input type="checkbox"/> Executive Service	
CONTRACTUAL PERIOD	
<input type="checkbox"/> 9 month <input type="checkbox"/> 10 month <input type="checkbox"/> 12 month	
EXPECTED DATES OF LEAVE	
Begin Date:	End Date:
REASON FOR LEAVE REQUEST	
<input type="checkbox"/> Personal Leave (Leave without pay for up to 12 months)	
EXPLANATION (use additional sheets if necessary)	
<hr/> <hr/> <hr/> <hr/>	
Signature of Employee:	Date:
APPROVALS	
Supervisor's Signature:	Date:
Dean's/Director's Signature:	Date:
President's/Provost's/Vice President's Signature:	Date:

Return completed form to:
 Office of Human Resources/Time & Labor Administration, 1700 Lee Hall Drive, 211 FHAC, Tallahassee, FL 32307