



LEAVE REQUEST FOR UNPAID DAYS

USER INSTRUCTIONS

Form purpose: This form is to notify Human Resources Department that you are requesting to take unpaid leave. In accordance with the Administrative Rule regarding Attendance Expectations, (<http://www.4j.lane.edu/wp-content/uploads/2014/08/Administrative-Rule-on-Attendance.pdf>) "An employee may not take an unpaid day off without the advanced written approval of his or her supervisor **and** Human Resources director or designee." Requests must be submitted no less than 48 hours before a known absence. If the unpaid day is related to illness, the request must be sent within three work days upon return to work.

ALL ABSENCES GREATER THAN 5 CONSECUTIVE DAYS MUST BE REQUESTED BY SUBMITTING A LEAVE OF ABSENCE REQUEST PACKET Go to: <http://www.4j.lane.edu/hr/loa/>

Where to submit this form: Submit this completed form via email to 4j_leaves@4j.lane.edu or fax to (541) 790-7680. Inquiries, call (541) 790-7676.

Instructions:

1. Fill out this request form completely.
2. Send it to your administrator/supervisor for review/support/signature.
3. Submit completed form to 4j_leaves@4j.lane.edu or fax to (541) 790-7680.

PERSONAL INFORMATION (Required)

Employee Name:

Employee ID Number:

Classified: Licensed: MAPS:

Position & FTE (hours worked):

Hire Date:

Day(s)/Time(s) Requested:

Reason for Leave Request (please be specific or your leave may be denied):

Employee Signature:

Date:

ADMINISTRATOR OR SUPERVISOR

I support this unpaid day(s) request. Yes No

Administrator or Supervisor Name:

Administrator or Supervisor Signature:

Date:

HUMAN RESOURCES USE ONLY

Date Processed:

Approved: Yes No

Leave Administrator (Print Name):

Signature: _____ Date: _____