



**UNIVERSITY OF DETROIT MERCY
HUMAN RESOURCES & PAYROLL DEPARTMENT**

Leave of Absence Form

This form is used to place an employee on a non-disability leave of absence.

Please *PRINT LEGIBLY* and **sign and date at the bottom of the form.**

| | |
|--|---|
| EMPLOYEE INFORMATION: | |
| Employee Name: | |
| UDM ID#: | |
| Home Address: | |
| Telephone Number: | |
| LEAVE INFORMATION: | |
| <input type="checkbox"/> This is a new request | <input type="checkbox"/> This is an update to an existing request |
| Requested Start Date of Leave: | |
| Anticipated Return Date: | |
| Reason for Leave: | |
| Additional Information Pertaining to Leave (optional): | |
| _____ | |
| _____ | |
| _____ | |
| SIGNATURES & APPROVAL: | |
| _____ | _____ |
| <i>Employee Signature</i> | <i>Date:</i> |
| _____ | _____ |
| <i>Supervisor Signature/Acknowledgement</i> | <i>Date:</i> |
| _____ | _____ |
| <i>Next Level of Supervision Signature/Acknowledgement</i> | <i>Date:</i> |
| _____ | _____ |
| <i>Authorized Human Resources Signature/Approval</i> | <i>Date:</i> |

Upon completion, please submit to your Supervisor, Next Level of Supervision, and the Human Resources/Payroll department.