



Per Article 16.18 of the CSEA Collective bargaining Agreement, employees may request leaves of up to 5 business days of leave when the employee demonstrates that the nature of the leave request represents an urgent condition of necessity to be absent from normal work duties.

Leave requests extended past five (5) business days may be extended with approval. For employees extending their leaves, employees may be subject to charges for health insurance.

Please complete this form and forward to your supervisor for review and approval, to then route to the Office of Human Resources.

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Department/Office

I am requesting the following leave of absence without pay:

List Dates of Absence: \_\_\_\_\_

Total hours and/or days: \_\_\_\_\_

Comments:

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Approved  Denied

\_\_\_\_\_  
Vice President of  
Human Resources Signature

\_\_\_\_\_  
Date

Approved  Denied

Requires Approval of Board of Trustees (if applicable) Approved  Denied

Attach copy of Board Action and place in personnel file with this form.