Florida Institute of Technology

REQUEST FOR LEAVE OF ABSENCE

EMPLOYEE NAME _____ ID # _____

DEPARTMENT _____ SUPERVISOR _____

DATE OF HIRE _____ EMPLOYEE PHONE NUMBER _____

I REQUEST PERMISSION FOR A LEAVE OF ABSENCE DURING THE PERIOD:

FROM _____ TO _____
Date Date

PURPOSE OF LEAVE _____

_____

_____

I ACKNOWLEDGE:

1) I have read and understand the Florida Tech Leave of Absence Policy and agree to abide by the policy.
2) I understand that I must make arrangements with the Office of Human Resources for my part of the insurance coverage costs prior to the beginning of the leave. If I fail to return to work at the expiration of the Leave of Absence, I will repay the share of my insurance coverage not paid during the Leave of Absence.
3) I understand that unless prior arrangements are made for an extension, if I fail to return to work at the expiration of the leave, my employment will be deemed to have been terminated as of the original termination date of the leave.
4) Medical certification is necessary to return to work if the leave request is for the employee's health condition.

   NOTE: An employee on Leave of Absence will not accrue vacation or sick leave and will not be entitled to holiday pay.

_____ _____
Employee's Signature Date

TO BE COMPLETED BY DEAN, DIVISION DIRECTOR, DEPARTMENT HEAD OR PROGRAM CHAIR:

☐ Approved: NORMAL WORK LOAD OF THIS EMPLOYEE WILL BE COVERED AS FOLLOWS _____

_____

☐ Not Approved: REASON: _____

_____

_____ _____
Supervisor's Signature Date Dean, Vice President's Signature Date

OFFICE OF HUMAN RESOURCES USE ONLY

EMPLOYEE POSITION # _____ APPROVED _____ DATE _____

Florida Institute of Technology • Office of Human Resources
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