

Appendix C: ASE Sample Request for Leave Form

**ACADEMIC STUDENT EMPLOYEE
REQUEST FOR LEAVE**

Employee Name: _____

Department: _____

Date of Request: _____

Reason for Leave

_____ Short-term paid medical and family leave (up to 2 days per quarter)

_____ Long-term paid medical and family leave (up to 4 weeks for childbearing; up to 2 weeks for serious health conditions and baby bonding per year)

_____ Bereavement Leave (up to 3 days per occurrence)

_____ Jury Duty

_____ Military Leave

_____ Other leave

Beginning Date of Leave: _____

Expected End Date of Leave: _____

Circumstances requiring leave: _____

Note: Long-term paid leaves may be combined for a maximum of 4 weeks per academic year. Leaves may not exceed the end date of an appointment. Unpaid leaves may be granted in addition to the paid leaves above at the sole discretion of the department or hiring unit.

Employee Signature: _____ Date: _____

Approval: _____ Date: _____