



University Auxiliary Services

California State University, Los Angeles

University Auxiliary Services Inc.

LEAVE OF ABSENCE REQUEST FORM

An employee requesting time off with or without pay for more than 15 working days, must submit an approved and complete Leave of Absence Request Form to UAS HR at least two working days prior to the start of the leave. If the leave request exceeds 90 calendar days, UAS Executive Director must also approve. If additional time off is required after the 90 days, a new form must be submitted. Failure to submit a new form may be cause for termination of employment.

Please check appropriate box:							
<input type="checkbox"/> CORPORATE		<input type="checkbox"/> AGENCY		<input type="checkbox"/> CONTRACTS & GRANTS			
Last Name, First Name, Middle Initial				Hire Date		Last four digits of SS#	
Home Address (City, State, Zip)					Home phone (area code & number)		
Name/phone ext. of direct supervisor			Job Title		Department		
Date of Absence: Beginning Date _____ End Date _____							
Reason for Absence: (In detail)							
Project Name	Account	Fund	Organization	Program	Project ID	Classification Code	Pay/Unit Rate
Employee Signature						Date	
Supervisor Name			Signature - I hereby certify that this employee's Leave of Absence is in compliance with the project's regulations and his/her absence will not affect the progress of the project. (for C&G only)			Date	
UAS HR Director Recommendations <input type="checkbox"/> PTO Accrual <input type="checkbox"/> Benefit continuation <input type="checkbox"/> Hold position			Signature			Date	
UAS Executive Director (over 90 days) Approved <input type="checkbox"/> yes <input type="checkbox"/> no			Signature			Date	

Copies to: UAS HR, Payroll, Contract and Grants