



CLASSIFIED REQUEST FOR UNPAID LEAVE OF ABSENCE

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.