



THE OFFICE OF  
HUMAN RESOURCES

## Personal or Military Leave of Absence Request

---

Name

---

Department

---

Effective Date

---

Anticipated Date of Return

Check the appropriate leave of absence requested:

**Personal leave of absence**

Reason \_\_\_\_\_

---

---

**Military leave of absence**

Note: A copy of military active or reserve duty notification must be attached

**Request continuation of coverage during leave of absence**  
(Employee is responsible for payment of premium)

**Employee coverage**

**Dependent coverage**

---

Employee Signature

Date

---

Unit Head Signature

Date

---

Office of Human Resources

Date