REQUEST FOR LEAVE OF ABSENCE WITHOUT PAY (NON-FMLA)

Please complete all areas:

Employee Last Name	Employee First Name	Employee #	Date of Hire	FTE	Select Employee Status ___ Office/Service ___ Managerial/Professional ___ Faculty ___ Other
Home Address	Home Phone	Campus Address		Campus Zip Code	Campus Phone	

Unit	Department		Dept. Zip	Leave Coordinator/Unit Administrator	Leave Coordinator/Phone #
Start Date for Administrative Leave or LOA without Pay	Anticipated Return Date			Total Days Anticipated absence	Total Hours Anticipated absence

Reason for Administrative Leave

Reason for LOA without Pay

Contact UNMC Benefits office at 402-559-5911 to arrange benefits coverage during unpaid leave.
If the Administrative Leave is to be paid or to be a combination of paid and unpaid leave, please indicate the number of hours of vacation, floating holiday and unpaid hours:

Sick: _____   Vacation: _____   Floating Holiday _____   Unpaid Hours _____

Please note that you must have positive leave balances under these plans to receive payment. Your use of any leave time must be appropriate to the situation and consistent with current UNMC leave policy.

This leave to be: **Intermittent** ☐   **Consecutive** ☐

_____   _____
Employee Signature   Date

_____   _____   _____
Immediate Supervisor   Supervisor's name & phone (please print)   Date

Immediate Supervisor: Please indicate if this leave is: ☐ **Approved**   ☐ **Denied**

Supervisor/Administrator: Please send a copy of this form with all required signatures to Human Resources-Employee Relations to: erdocuments@unmc.edu or Zip: 5470.   Employee Relations will review and forward to Benefits. If you have any questions please contact Employee Relations at 402-559-5827.