



**UNIVERSITY OF DETROIT MERCY
HUMAN RESOURCES & PAYROLL DEPARTMENT**

Leave of Absence Form

This form is used to place an employee on a non-disability leave of absence.

Please *PRINT LEGIBLY* and **sign and date at the bottom of the form.**

EMPLOYEE INFORMATION:	
Employee Name:	
UDM ID#:	
Home Address:	
Telephone Number:	
LEAVE INFORMATION:	
<input type="checkbox"/> This is a new request	<input type="checkbox"/> This is an update to an existing request
Requested Start Date of Leave:	
Anticipated Return Date:	
Reason for Leave:	
Additional Information Pertaining to Leave (optional):	

SIGNATURES & APPROVAL:	
_____	_____
<i>Employee Signature</i>	<i>Date:</i>

_____	_____
<i>Next Level of Supervision Signature/Acknowledgement</i>	<i>Date:</i>
_____	_____
<i>Authorized Human Resources Signature/Approval</i>	<i>Date:</i>

Upon completion, please submit to your Supervisor, Next Level of Supervision,
and the Human Resources/Payroll department.