



## LEAVE REQUEST FOR UNPAID DAYS

### USER INSTRUCTIONS

**Form purpose:** This form is to notify Human Resources Department that you are requesting to take unpaid leave. In accordance with the Administrative Rule regarding Attendance Expectations, (<http://www.4j.lane.edu/wp-content/uploads/2014/08/Administrative-Rule-on-Attendance.pdf>) "An employee may not take an unpaid day off without the advanced written approval of his or her supervisor **and** Human Resources director or designee." Requests must be submitted no less than 48 hours before a known absence. If the unpaid day is related to illness, the request must be sent within three work days upon return to work.

**\*ALL ABSENCES GREATER THAN 5 CONSECUTIVE DAYS MUST BE REQUESTED BY SUBMITTING A LEAVE OF ABSENCE REQUEST PACKET\*** Go to: <http://www.4j.lane.edu/hr/loa/>

**Where to submit this form:** Submit this completed form via email to [HR\\_Leaves@4j.lane.edu](mailto:HR_Leaves@4j.lane.edu) or fax to (541) 790-7680. Inquiries, call (541) 790-7676.

**Instructions:**

1. Fill out this request form completely.
2. Send it to your administrator/supervisor for review/support/signature.
3. Submit completed form to [HR\\_Leaves@4j.lane.edu](mailto:HR_Leaves@4j.lane.edu) or fax to (541) 790-7680.

### PERSONAL INFORMATION (Required)

Employee Name:

Employee ID Number:

Classified:  Licensed:  MAPS:

Position & FTE (hours worked):

Hire Date:

Day(s)/Time(s) Requested:

Reason for Leave Request (please be specific or your leave may be denied):

Employee Signature:

Date:

### ADMINISTRATOR OR SUPERVISOR

I support this unpaid day(s) request.      Yes                      No

Administrator or Supervisor Name:

Administrator or Supervisor Signature:

Date:

### HUMAN RESOURCES USE ONLY

Date Processed:

Approved:       Yes       No

Leave Administrator (Print Name):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_