



LEAVE OF ABSENCE REQUEST

Instructions: Employee and Department to complete where applicable and submit to University Personnel
Program Leaves : up-leaves@sjsu.edu.

Employee Information		
Name:	Employee ID:	Personal Phone Number:
Address (Street, City, State, Zip):		
Department:	Classification:	Campus Phone Number:



Pay/Leave Credits -
All leave credits must be exhausted prior to employee being placed on unpaid FML status

Paid

Unpaid (LWOP)

Required Signatures for Leave Without Pay (LWOP) Only			
Department Manager/Administrator (MPP): _____			
Signature: _____	Date: _____	Recommended Not Recommended	
Dean (Academic Affairs) / AVP (Other Divisions): _____			
Signature: _____	Date: _____	Recommended Not Recommended	
Sr. AVP of University Personnel : _____			
Signature: _____	Date: _____	Approved Not Approved	