



# WESTERN MICHIGAN UNIVERSITY

## Human Resources

1300 Seibert Administration Building, Mail Stop 5217  
Phone (269) 387-3620 Fax (269) 387-3441

LOA

### Leave of Absence Application Staff (AFSCME, MSEA and POA)

<b>Employee</b>			
Request for: <input type="checkbox"/> New Leave or <input type="checkbox"/> Extension of Existing Leave			
Name		Employee ID No.	
Department	Date Leave Begins	Date Leave Ends	
Purpose of Leave (Do <b>not</b> provide specific medical information here.)			
Type of Leave Requested (Please contact your HR Representative to discuss benefits continuation or FMLA.)			
<input type="checkbox"/> Medical – Unpaid (Not-FMLA, attach supporting physician’s statement with return to work date included.) <input type="checkbox"/> Military – Unpaid (Attach copy of military orders.) <input type="checkbox"/> Personal – Unpaid			
Employee Signature		Date	
Employee: Complete and attach any required documentation. Make a copy of form and any attachments. Keep the copy and forward original to your department manager.			
<b>Department</b>			
Military Leave Request:		<input type="checkbox"/> Acknowledged	
Medical or Personal Leave Request:		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Department Manager Signature		Date	
Department: Make a copy of form and any attachments for your records. If leave request acknowledged or approved, forward original to Human Resources. If leave request is denied, return original to employee. <i>Leave approval contingent upon employee meeting eligibility requirements as determined by Human Resources.</i>			
<b>Human Resources</b>			
Employee meets eligibility requirements for requested leave: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments:			
HR Rep:		Date:	
HRA:		Date:	
JOB:	Health/COBRA:	Life:	LTD: