



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 (Non-Bargaining)

Employee			
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 not 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			
<input type="checkbox"/> Professional Development: <input type="checkbox"/> Unpaid <input type="checkbox"/> Paid (Exempt staff only. Attach proposal of leave activities.)			
<input type="checkbox"/> University Convenience Leave – Unpaid			
Employee Signature		Date	
Employee: Complete and attach any required documentation. Make a copy of this form and any attachments. Keep the copy and forward original to your department manager.			
Department and Dean (if applicable)			
Military Leave Request: <input type="checkbox"/> Acknowledged			
Medical, Personal, Professional Development or University Convenience Leave Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Department Manager Signature		Date	
Dean Signature		Date	
Department: Make a copy of form and any attachments for your records. If leave request is acknowledged or approved, forward original to the appropriate vice president. If leave request is denied, return original to employee. <i>Leave approval contingent upon vice presidential approval and employee meeting eligibility requirements as determined by Human Resources.</i>			
Vice President			
Military Leave Request: <input type="checkbox"/> Acknowledged			
Medical, Personal, Professional Development or University Convenience Leave Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Vice President Signature		Date	
Vice President: Make a copy of form and any attachments for your records. If leave request is acknowledged or approved, forward original to Human Resources. If leave request is denied, send copy to department and return original to employee. <i>Leave approval contingent upon employee meeting eligibility requirements as determined by Human Resources.</i>			
Human Resources			
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: