Click to Reset Form

Prepared by:	
Date:	Ext:

SUMMER LEAVE

Personnel Action Form

Employee ID#:		☐ Faculty/ POI/Temp/Student ☐ Staff/ Postdoc/Resident/ Research Associate
Name: (Last, First, MI)		
(Only if different or changing) Address 1		
Address 2		
City, State & Zip		

JOB INFORMATION:			
Action/Reason:	Start of Summer Leave :	Return from Summer Leave :	
Div/School:			
Department:		Department #:	

While out on Summer Leave your benefits will go into arrears, when returning you will have double deduction until the arrears amount has been satisfied. Any compensation received will have deductions and arrears taken.

REMARKS:

Department Approval **Date** **Faculty Affairs Approval** **Date**

Revised 3/31/16

Please save this PDF form and email to your school/division's authorized PAF submitter

Follow the standard naming convention for the email subject line:
PAF form type: last name, first name or school/department name (for bulk requests)