THE UNIVERSITY OF ARIZONA
HUMAN RESOURCES

EXTENDED LEAVE OF ABSENCE FORM

Classified Staff

EID: 00 DATE:

LAST NAME: FIRST NAME: M.I.

POSITION: DEPARTMENT:

SUPERVISOR'S NAME: PHONE #:

Probation Period Completed ☐ YES ☐ NO

I request an extended leave of absence without pay effective as of the start of business on

and to end as of the close of business on

month-day-year month-day-year

My reason for requesting leave:

I understand that continuation of my group insurance coverage is contingent upon my making satisfactory arrangements for premium payments.]\

I understand that my failure to return to work on the first scheduled work day after my leave has expired or if my leave is canceled will result in termination of my employment with the University of Arizona.

Signature_____

	Approved	Not Approved	
Date			Supervisor
Date			Supervisor
Date			
Date			Human Resources

Note: Upon the employee's return to work, please sign below and forward a copy to Systems Control.

Employee returned to work on:

_____
month-day-year

_____
Supervisor's Signature

Please send completed form to Human Resources and retain a copy for your files. Upon the employee's return to work, please fill out the return date in the appropriate box and send a copy to Systems Control.

Main Campus Human Resources - University Services Building, Suite 114
AHSC Human Resources - Arizona Health Sciences Center, Room 2233