



# REQUEST FOR CHANGE IN LEAVE OF ABSENCE

**COPY OF ORIGINAL LEAVE REQUEST MUST BE ATTACHED**

**SUBMIT ORIGINAL TO: Human Resources**

**RETAIN COPIES FOR: Requestor and Supervisor**

Name: \_\_\_\_\_ Date of Change: \_\_\_\_\_

Department: \_\_\_\_\_ Ext. \_\_\_\_\_ Original Date of Leave: \_\_\_\_\_

B- Number: \_\_\_\_\_

PLEASE MARK (X) ONE OF THE FOLLOWING REGARDING THE **ORIGINAL** TYPE OF LEAVE:

Leave of Absent with Pay

Leave of Absence Without Pay

- Vacation
- Sick
- Personal
- Worker's Compensation
- Military

- Line of Duty
- Professional
- Jury Duty  
(Jury Summons and Jury Attendance Certification must be attached)

- Professional
- Maternity
- Personal

**TYPE OF CHANGE REQUESTED:**

A. Type of leave from that noted above to \_\_\_\_\_

B. Change dates from \_\_\_\_\_ through \_\_\_\_\_

to \_\_\_\_\_ through \_\_\_\_\_

Total work days from \_\_\_\_\_ to \_\_\_\_\_

C. Cancel leave (reason) \_\_\_\_\_

D. Change in reimbursement from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
REQUESTOR DATE

\_\_\_\_\_  
PROVOST DATE

\_\_\_\_\_  
SUPERVISOR DATE

\_\_\_\_\_  
VICE PRESIDENT / ASSOCIATE VICE PRESIDENT DATE

\_\_\_\_\_  
DEPARTMENT CHAIR/ DIRECTOR OR DEAN DATE

\_\_\_\_\_  
PRESIDENT DATE

**EQUAL OPPORTUNITY EMPLOYER**