

Select One:

New

Revised

**REQUEST FOR ABSENCE FROM CAMPUS (Non FMLA)**

Employee: Complete Sections 1 and 2, then sign and route the form for approval (Section 3).

**Section 1. COMPLETED BY EMPLOYEE (Consult with Business Office or Human Resources if information is not known)**

**A. Name:** \_\_\_\_\_ **E. PUID/PERNR:** \_\_\_\_\_  
**B. Position Title:** \_\_\_\_\_ **F. Pay Area:**  AY  FY  BW  
**C. Org Unit Name(s):** \_\_\_\_\_ **G. CUL:** \_\_\_\_\_  
**D. Org Unit Number(s):** \_\_\_\_\_ **H. Hire Date:** \_\_\_\_\_

**I. Type of Leave: (For leaves not qualifying as FMLA leave) Check all that are being requested.**

If more than one leave type is being requested, list priority order of use and number of hours for each type of leave in Section 2.

- |  |  |
|--|--|
| <input type="checkbox"/> Vacation <sup>1</sup> (V)   | <input type="checkbox"/> Illness (When employee is not eligible for FMLA leave) <sup>1</sup> (SE)  |
| <input type="checkbox"/> Personal Holiday (Non-Exempt) <sup>1</sup> (PH)   | <input type="checkbox"/> Illness in Family (For leave not qualifying as FMLA leave) <sup>1</sup> (SF)  |
| <input type="checkbox"/> Personal Business Day(s) (Exempt) <sup>1</sup> (PBD)  | <input type="checkbox"/> Jury Duty/Witness Duty (attach copy of summons) <sup>1</sup> (OL)   |
| <input type="checkbox"/> Unpaid Personal Leave (22 days or less.<br>Provide explanation in Section 2) <sup>2</sup> (ABUP)  | <input type="checkbox"/> Military (Attach copy of orders) <sup>3</sup> (MIPD [Paid]) (MIUP[Unpaid])  |
| <input type="checkbox"/> Unpaid Personal Leave (More than 22 days.<br>Provide explanation in Section 2) 3 (ABUP)<br><i>Must complete item J (Source of Funding While on Leave) to properly charge Benefits</i> | <input type="checkbox"/> Bereavement (Specify the relationship of the deceased in Section 2.) <sup>1</sup> (BV)  |
|  | <input type="checkbox"/> Paid Parental Leave (When employee is not eligible for FMLA leave) <sup>4</sup> (PPL)   |
|  | <input type="checkbox"/> Leave Allocation When Both Parents are Eligible Employees:  |
|  | <input type="checkbox"/> Outside Activity Leave (five consecutive working days or less) <sup>2</sup> (OL)<br>Reportable Outside Activity Form submitted on _____<br>MM/DD/YY |

**J. Leave Compensation:**  With Pay  Without Pay - First Day Without Pay: \_\_\_\_\_

**K. Days Absent:**  
 First Day: \_\_\_\_\_ through Last Day: \_\_\_\_\_  
 MM/DD/YY MM/DD/YY

Number of Work Hours Absent: \_\_\_\_\_ (Note: **Exempt Staff** record in increments of no less than one-half workday )

**L. Source of Salary Funding While on Leave:**

(For Paid Parental Leaves, Military Leaves, Sick Leaves of more than 10 workdays, or unpaid personal leave for more than 22 days:)

_____	_____	_____	_____
Fund/Cost Center	Percent	Fund/Cost Center	Percent

**M. Graduate Student Summer Internship: (additional information REQUIRED for grad school)**

- Company/Organization name: \_\_\_\_\_
- Company Address: \_\_\_\_\_
- Summer contact information: (including phone number) \_\_\_\_\_
- Name of Supervisor: \_\_\_\_\_

**Section 2. Business Office Contact**

Name and Phone # \_\_\_\_\_  
 ADDITIONAL COMMENTS (Provide required explanation as noted above)  
 If more than one leave type or a partial day is requested, indicate number of hours for each type of leave.  
 \_\_\_\_\_

**Section 3. SIGNATURES (Provide approved copy to Business Office and Employee)**

<b>All org units must provide signatures or initials.</b>		<b>APPROVED                  PRESIDENT'S OFFICE                  Purdue University</b>  _____ Not valid unless dated and signed by Authorized University Officer
Individual Requesting Leave:	Signature _____ Date _____	
Department Head / Supervisor:	Signature _____ Date _____	
Dean or Administrative Officer or Business Office:	Signature _____ Date _____	
Human Resources Director or Designee:	Signature _____ Date _____	

**BUSINESS OFFICE/HUMAN RESOURCE SERVICES/PAYROLL USE ONLY**

**PPL Eligibility based on 100% CUL:**  
 240 Hours: \_\_\_\_\_  
 120 Hours: \_\_\_\_\_

Policies regarding absence from University duty are found at [www.purdue.edu/policies/pages/human\\_resources/human\\_res.html](http://www.purdue.edu/policies/pages/human_resources/human_res.html)

<sup>1</sup> Required approval: Supervisor  
<sup>2</sup> Required approval: Department Head  
<sup>3</sup> Required Approvals: **Clerical/Service** - Department Head and Campus Human Resource Services Director or Designee; **Faculty, Continuing Lecturers and Administrative/Professional** - Department Head; Dean or Director; and employee's Vice President, Chancellor, or designee; Human Resources distributes completed copies to Business Office (provide copy to employee) and HR Data Entry. Central Files retains original in employee's personnel file.  
<sup>4</sup> Required Approval: Supervisor and Department Head; Business Office or Human Resource Services. Send approved form to West Lafayette, HRS-Employee Relations, or appropriate regional campus Human Resources. Provide medical documentation, adoption paperwork, or birth paperwork to West Lafayette, HRS-Employee Relations, or appropriate regional campus Human Resources.