

REQUEST FOR ABSENCE FROM CAMPUS

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: _____	D. PUID: _____
B. Org Unit Name: _____	E. CUL (FTE): _____
C. Org Unit #: _____	F. Hire Date: _____

G. Type of Leave: (For leaves not qualifying as FMLA leave)

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|--|--|
| <input type="checkbox"/> Vacation ¹ (V) | <input type="checkbox"/> Illness (For leave not qualifying as FMLA leave) ¹ (SE) |
| <input type="checkbox"/> Personal Holiday (Non-Exempt) ¹ (PH) | <input type="checkbox"/> Illness in Family (For leave not qualifying as FMLA leave) ¹ (SF) |
| <input type="checkbox"/> Personal Business Day(s) (Exempt) ¹ (PBD) | <input type="checkbox"/> Jury Duty/Witness Duty (attach copy of summons) ¹ (OL) |
| <input type="checkbox"/> Unpaid Personal Leave (22 days or less. Provide explanation in Section 2) ² (ABUP) | <input type="checkbox"/> Military (Attach copy of orders) ³ (MIPD [Paid]) (MIUP[Unpaid]) |
| <input type="checkbox"/> Unpaid Personal Leave (More than 22 days. Provide explanation in Section 2) ³ (ABUP) | <input type="checkbox"/> Bereavement (Specify the relationship of the deceased in Section 2.) ¹ (BV)
Cost Center/Fund to Charge Benefits to while on unpaid leave for more than 22 days: |

H. Leave Compensation: With Pay Without Pay - First Day Without Pay _____

I. Days Absent:
 First Day: _____ through Last Day: _____
 MM/DD/YY MM/DD/YY

Number of Work Hours Absent: _____
 (Note: Exempt Staff record in no less than 4-hour increments)

J. Source of Salary Funding While on Leave: (For Military Leaves Only)

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

Section 2. ADDITIONAL COMMENTS (Provide required explanation as noted above)

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

Individual Requesting Leave: _____ Department Head / Supervisor: _____ Dean or Administrative Officer: _____ Human Resources Director or Designee: _____	Signature Signature Signature Signature	Date Date Date Date	APPROVED PRESIDENT'S OFFICE Purdue University _____ Not valid unless dated and signed by Authorized University Officer
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HUMAN RESOURCES USE ONLY

Policies regarding absence from University duty are found at www.purdue.edu/ooop/policies/pages/human_resources/human_res.html#leaves

1 Required approval: Supervisor
 2 Required approval: Department Head
 3 Required Approvals: **Clerical/Service** - Department Head and Campus Human Resources 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.