

REQUEST FOR ABSENCE FROM CAMPUS (Non FMLA)

<input type="radio"/>	<input type="radio"/>
New	Revised

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:**

<input type="radio"/> AY	<input type="radio"/> FY	<input type="radio"/> BW
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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.

Graduate staff members cannot receive payment from Purdue University and another employer for work, vacation, or other paid leave during the same period. Graduate staff members should schedule work and paid leave carefully to avoid the prospect of double payment, which could violate University policy and jeopardize visa eligibility (if applicable).

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|--|---|
| <input type="checkbox"/> Vacation ¹ (V) | <input type="checkbox"/> Illness (When employee is not eligible for 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) Jury Duty/Witness |
| <input type="checkbox"/> Personal Business Day(s) (Exempt) ¹ (PBD) | <input type="checkbox"/> Duty (attach copy of summons) ¹ (OL) Military (Attach copy of orders) ³ (MIPD [Paid]) |
| <input type="checkbox"/> Unpaid Personal Leave (22 days or less. Provide explanation in Section 2) ² (ABUP) | <input type="checkbox"/> (MIUP[Unpaid]) |
| <input type="checkbox"/> Unpaid Personal Leave (More than 22 days. Provide explanation in Section 2) 3 (ABUP) <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.) ¹ (BV) |
| | <input type="checkbox"/> Paid Parental Leave (When employee is not eligible for FMLA leave) ⁴ (PPL) |
| | <input type="checkbox"/> Outside Activity Leave (five consecutive working days or less) ² (OL) Reportable Outside Activity Form submitted on _____ |

J. Leave Compensation: With Pay Without Pay - First Day Without Pay: _____MM/DD/YY

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:)

Order	Percent	WBS element	Percent
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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 and additional information

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)

All org units must provide signatures or initials.			APPROVED PRESIDENT'S OFFICE Purdue University
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 _____	
Dean of the Graduate School (for a graduate student):	Signature _____	Date _____	
			Not valid unless dated and signed by Authorized University Officer

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

¹ Required approval: Supervisor
² Required approval: Department Head
³ 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.
⁴ 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.