**Human Resources**

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**Human Resources**

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**Reduction‐ in‐ Force**

**Request for Leave of Absence Without Pay**

*Please return within 30 days from the effective date of layoff. If not received within the 30 day time period, the right to exercise this option will no longer apply.*

**Please Print**

|  |  |
| --- | --- |
| **Name (Last, First, Middle):**  | **Employee ID:**  |
| **Department:**  | **Title:**  |
| **Period of Leave** **From:**  | **To:**  |

Choosing this option will:

* ensure placement on the RIF roster for reemployment for one year;
* enable unused sick days to be reinstated if rehired within the one year time period;
* enable vacation accrual rate to continue effective as of the RIF date if rehired within the one year time period;
* afford retirement opportunity within the one year time period, if retirement eligible;
* not prevent you from requesting unemployment benefits.

Choosing this option will not:

* allow access to retirement funds.

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Employee Signature Date

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Vice President for Human Resources Date