

# Personal Leave without Pay Request

## Overview:

As per the [Personal Leave without Pay PER 4.21](#), leave without pay shall be granted in writing using the form below by the Vice President of Human Resources (VPHR) upon recommendation by the unit head and Provost/or Vice President/Dean. An unpaid leave of absence may be granted for personal convenience in situations that occur for an extended duration (such as extended vacation, travel, study, childcare, etc.) Employees who meet the eligibility criteria for a leave of absence must complete this form at least 30 days prior to the commencement of leave or as soon as practicable in the event of an unforeseeable absence. Please note:

- All leaves of absence must be approved in advance by the employee's supervisor/unit head and the VPHR for a time period not exceeding six months.
- If the dates of requested leave change, a new leave of absence request form must be submitted for approval by the employee's supervisor/unit head and the VPHR.
- All applicable accrued vacation leave must be expended prior to the beginning of any other leave without pay.
- An employee shall not earn sick or vacation leave accruals for any time period not in pay status.
- Employees returning from a leave of absence must contact Human Resources (HR) at least one week in advance to inform them of their projected return date or as soon as practicable.
- Leave without pay for personal convenience shall not be granted if it would cause undue hardship on the operation of the department or on the working conditions of other employees in the department.

## Eligibility:

All university staff is eligible to apply for personal leave without pay.

For more information, refer to the [Personal Leave without Pay PER 4.21 policy](#).

## Compensation and Benefits:

This is an unpaid leave. When the employee returns to active status, this leave shall not constitute a break in continuous or creditable service in considering eligibility for sick leave, vacation leave, general pay adjustments, and other university benefits and privileges. The university's contribution toward the employee's health and retirement benefits ceases during a period of leave without pay. Employee should contact benefits, if they would like to continue his or her health care benefits on a self-pay basis.

## Personal Leave Without Pay Request Form

| Employee Information |                 |                  |
|----------------------|-----------------|------------------|
| Employee Name        | Employee ID#    | University Email |
| Department Name      | Supervisor Name | Supervisor Email |

| Personal Leave Plan  |                      |  |
|--|----------------------|--|
| Length of Leave Requested:<br><input type="radio"/> 1 month<br><input type="radio"/> 2 months<br><input type="radio"/> 3 months<br><input type="radio"/> 4 months<br><input type="radio"/> 5 months<br><input type="radio"/> 6 or more months<br>(with special approval) | Expected Begin Date  |  |
|  | Expected Return Date |  |
| Please provide justification for leave without pay.  |                      |  |
| <br><br><br><br><br><br><br><br><br><br>   |                      |  |

| Employee Acknowledgements & Signature   |                         |                   |
|---|-------------------------|-------------------|
| I am requesting a leave without pay as described above for personal (non-medical) reasons. I understand that if my request is approved, I will be in non-pay status while on leave. I also agree and acknowledge that this request for leave without pay and associated reduction in responsibility is completely voluntary on my part. |                         |                   |
| Employee Signature  | Employee Name (printed) | Date of Signature |

## Department Plan

If Professional Leave is granted, how will the employee's duties and responsibilities be distributed during the leave? (Attach one additional page as needed).

Will it be necessary to employ a temporary employee during the time of leave?

- Yes\*
- No

If yes, what additional department expenditures will be required?

\$ \_\_\_\_\_ /month

## Department Approvals

Complete the appropriate box below, sign, and advance to appropriate recipient.

- If approved and signed, you acknowledge and endorse the applicant's request for Personal Leave without Pay and confirm that it is your expectation that the applicant will return to their position at the University of Louisville upon completion of the leave.
- If denied at any point, provide a justification for the denial in the designated space.

*Immediate Supervisor*

Approved

Denied\*

\*Justification for Denial:

Supervisor Signature

Supervisor Name (printed)

Date of Signature

*Vice President/Dean/Provost or Designee*

Approved

Denied\*

\*Justification for Denial:

Signature

Name (printed)

Date of Signature

## Submission

Please send the completed form to the Office of Human Resources for final approvals. If approved, Human Resources will return a final copy of the request to the department and requesting employee. Please allow 30 days from the expected start of leave for a final review.

If additional information is necessary, a Human Resources Business Partner (HRBP) will be in contact with the Department Head and Immediate Supervisor.

|  |   |
|--|---|
| <b>University of Louisville</b><br><b>Human Resources Office</b><br>Cardinal Station<br>215 Central Ave. Ste. #205<br>Louisville, KY 40208 | Phone: 502-852-6258<br>Fax: 502-852-5665<br>Email: <a href="mailto:askhr@louisville.edu">askhr@louisville.edu</a> |
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## Human Resources Approval

|  |                               |                            |
|--|-------------------------------|----------------------------|
| <i>Vice President of Human Resources</i> |                               |                            |
| <input type="radio"/> Approved           | <input type="radio"/> Denied* | *Justification for Denial: |
| Signature                                | Name (printed)                | Date of Signature          |