UNIVERSITY OF DETROIT MERCY
HUMAN RESOURCES & PAYROLL DEPARTMENT

Leave of Absence Form

This form is used to place an employee on a non-disability leave of absence.

Please *PRINT LEGIBLY* and **sign and date at the bottom of the form**.

EMPLOYEE INFORMATION:
Employee Name:
UDM ID#:
Home Address:
Telephone Number:

LEAVE INFORMATION:	
☐ This is a new request	☐ This is an update to an existing request
Requested Start Date of Leave:	
Anticipated Return Date:	
Reason for Leave:	
Additional Information Pertaining to Leave (optional): _____ _____ _____	

SIGNATURES & APPROVAL:
_____   _____
Employee Signature   *Date:*

_____   _____
Next Level of Supervision
Signature/Acknowledgement   *Date:*

_____   _____
Authorized Human Resources Signature/Approval   *Date:*

Upon completion, please submit to your Supervisor, Next Level of Supervision,
and the Human Resources/Payroll department.

6/01/2017