

LEAVE OF ABSENCE FORM

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

Current Staff: ☐ HR/PPPL/DOF Monthly Staff
☐ HR/PPPL Biweekly Staff

☐ Correction
Explain: _____

SECTION I. EMPLOYEE INFORMATION

Employee Name: _____
Last Name First Name MI

Empl ID: _____ Dept #: _____ Department: _____ Business Unit: (drop down)

SECTION II. LEAVE INFORMATION

Begin Leave of Absence on: _____
MM/DD/YY

Estimated Return from Leave on: _____
MM/DD/YY

Choose one of the following:

☐ Unpaid Leave of Absence

☐ Paid Leave of Absence

☐ LTD Leave of Absence

Reason for leave: _____

Vacation **Hours** to be Paid (**Not Days**): _____

Charge Vacation to Department # _____

Charge Vacation to Fund: _____

Charge Vacation to Program: _____

Charge Vacation to PC BU: _____

Charge Vacation to Project: _____

Charge Vacation to Activity: _____

SECTION III. RETURN FROM LEAVE

Return from Leave on: _____
MM/DD/YY

Choose one: ☐ Return in the same month leave began
☐ Return in a different month than leave began

Comments: _____

Authorized Department Signature Date

Authorized Human Resources/DOF Signature Date

Print Name

*Upon completion, submit to the Office of the Dean of the Faculty or the Office of Human Resources as follows:
Office of the Dean of the Faculty – scan and submit to DOF dropbox
Main Campus HR – scan and email to your designated HR Representative
PPPL Human Resources – scan and email to your designated HR Representative*