

REQUEST FOR ABSENCE FROM CAMPUS

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 Resource Services if information is not known)

A. Name: _____ D. PUID: _____
 B. Org Unit Name(s): _____ E. CUL: _____
 C. Org Unit Number(s): _____ F. Hire Date: _____

G. 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.

- Vacation¹ (V)
- Personal Holiday (Non-Exempt)¹ (PH)
- Personal Business Day(s) (Exempt)¹ (PBD)
- Unpaid Personal Leave (22 days or less. Provide explanation in Section 2)² (ABUP)
- Unpaid Personal Leave (More than 22 days. Provide explanation in Section 2)³ (ABUP)
- Illness (When employee is not eligible for FMLA leave)¹ (SE)
- Illness in Family (For leave not qualifying as FMLA leave)¹ (SF)
- Jury Duty/Witness Duty (attach copy of summons)¹ (OL)
- Military (Attach copy of orders)³ (MIPD [Paid]) (MIUP[Unpaid])
- Bereavement (Specify the relationship of the deceased in Section 2.)¹ (BV)
- Paid Parental Leave (When employee is not eligible for FMLA leave)⁴ (PPL)
- Leave Allocation When Both Parents are Eligible Employees:

Fund/Cost Center to Charge Benefits to while on unpaid leave for more than 22 days: _____ I elect to have _____ use _____ hours of PPL. (Name of other parent and his/her PUID N _____)

H. Leave Compensation: With Pay Without Pay - First Day Without Pay _____

I. 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)

J. Source of Salary Funding While on Leave: (For Paid Parental Leaves, Military Leaves, or Sick Leaves of more than 10 consecutive workdays)

Fund/Cost Center	Percent	Fund/Cost Center	Percent

Section 2. ADDITIONAL COMMENTS (Provide required explanation as noted above)

If more than one leave type 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.

Individual Requesting Leave: _____
 Signature _____ Date _____
 Department Head / Supervisor: _____
 Signature _____ Date _____
 Office: _____
 Signature _____ Date _____
 Human Resources Director or Designee: _____
 Signature _____ Date _____

**APPROVED
 PRESIDENT'S OFFICE
 Purdue University**

 Not valid unless dated and signed
 by Authorized University Officer

BUSINESS OFFICE/HUMAN RESOURCE SERVICES/PAYROLL USE ONLY EMPLOYEE PERNR

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.