

REQUEST FOR LEAVE OF ABSENCE FROM GRADUATE ASSISTANTSHIP

NOTE: To request a leave of absence from your academic studies you must contact the Graduate School.

Graduate Assistant Name:		Employee No.:	
Email Address:	Phone No.:		
Street Address:			
City:	State:	Zip Code:	
Department:		Unit Box:	
Supervisor's Name:		Phone No:	
Reason for Leave Request: (Human Resources will only process leaves for the reasons listed on this form. If you need to be absent for any other reason, please contact your department.)		<input type="checkbox"/> Maternity (Paid) <input type="checkbox"/> Care for newborn (non-birth parent) (Paid for up to 21 calendar days) <input type="checkbox"/> Adoption (Paid for up to 21 calendar days) <u>Leaves may be paid or unpaid</u> <input type="checkbox"/> Personal Illness/Injury <input type="checkbox"/> Family Illness/Injury <ul style="list-style-type: none"> <input type="checkbox"/> Spouse/Registered Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Parent-In-Law <input type="checkbox"/> Bereavement <ul style="list-style-type: none"> <input type="checkbox"/> Spouse/Registered Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Parent-In-Law <input type="checkbox"/> Military Leave <input type="checkbox"/> Immigration Hearings <input type="checkbox"/> Jury Duty	
Anticipated Dates of Leave:	Start:	End:	
I am requesting <input type="checkbox"/> paid leave <input type="checkbox"/> unpaid leave			
Employee Signature:	Date:		
<p>Please return completed form and attach a Medical Certificate if the leave is for medical reasons or maternity to: University of Connecticut, Attention: Suzanne Rogoz- Human Resources, 9 Walters Avenue, Storrs, CT 06269-5075 or via Fax (860) 486-0406. If you have questions completing the form, contact Suzanne Rogoz at (860) 486-0398.</p> <p>Suzanne Rogoz will contact you within 7 calendar days.</p>			