

**FLORIDA INSTITUTE OF TECHNOLOGY
REQUEST FOR LEAVE OF ABSENCE**

Employee Name: _____ ID Number: _____

Department: _____ Job Title: _____

Type of Leave: _____

I REQUEST PERMISSION FOR A LEAVE OF ABSENCE:

Starting: _____ Ending: _____
Date Date

The purpose of the leave is:

I ACKNOWLEDGE:

1. I have read and understand the Florida Tech Leave of Absence Policy and agree to abide by the Policy.
2. I understand that I must make arrangements with the Human Resources Benefits Coordinator for the employee portion of the insurance coverage costs prior to the beginning of my leave. If I fail to return to work as of the end date of my Leave of Absence, I will repay my share of my insurance coverage not paid during the Leave of Absence.
Note: Vacation and sick leave do not accumulate during a Leave of Absence.
3. I understand that unless prior arrangements are made for an extension, if I fail to return to work as of the end date of my leave, my employment will be deemed to have been terminated as of the original end date of my leave.
4. I understand that if at any time I accept any kind of employment without permission while on leave, I will be considered as having resigned from the University as of that date.
5. Upon completion of my Leave of Absence and return to work, I understand Human Resources must be notified **in writing by my supervisor** so that my employment status is changed back to "active".

Employee's Signature Date

TO BE COMPLETED BY DEAN, DIVISION DIRECTOR, DEPARTMENT HEAD, OR PROGRAM CHAIR:

Normal workload of this employee will be covered as follows:

Recommended: _____ Recommended: _____
Supervisor's Signature Date Dean, Division Director, Department Head,
Or Program Chair's Signature and Date

Recommended: _____
Provost's Signature Date

TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES:

Employee Position #: _____ Approved: _____
Director of Human Resources Date