



**PLEASE PRINT**

Employee Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Phone Numbers(s): \_\_\_\_\_

YSU Department: \_\_\_\_\_ Campus Ext.: \_\_\_\_\_

Email Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Employment classification:

\_\_\_\_ ACE (ACE Articles 15.10, 15.10.A, 15.23)

\_\_\_\_ APAS (APAS Articles 7.3, 7.4, 7.17)

\_\_\_\_ FOP (FOP Sub Articles 19.C, 19.C.A, 19.F.1)

\_\_\_\_ Faculty (OEA Articles 7.3, 7.2.1)

\_\_\_\_ Classified Staff, non-ACE (ACE Articles 15.10, 15.10.A, 15.23)

\_\_\_\_ Professional/Administrative Staff, non-APAS (University Policies 3356-7-13, 3356-7-09)

**NOTE TO EMPLOYEE – Leave without pay (LWOP) requires pre-approval by the Chief HR Officer (or their designee) and must be submitted one month in advance of the beginning of the leave or at the earliest feasible time. All available paid leave (i.e., vacation, personal-from-sick, sick leave for medical conditions) must be exhausted prior to LWOP commencing. After completing this form and reading the entire document, sign it and return it to the Office of Human Resources. *It is your responsibility to check your YSU email regularly for communications from Human Resources regarding your leave.***

**I am requesting leave for (reason):** \_\_\_\_\_

FIRST DATE of LEAVE: \_\_\_\_\_

LAST DATE of LEAVE: \_\_\_\_\_

**INSTRUCTIONS TO EMPLOYEE:**

1. Notify your immediate supervisor regarding the need for unpaid leave to include the first date and the last date that you will be off work.
2. Complete the request form, sign, and date.
3. Submit form to HR via email: [benefits@ysu.edu](mailto:benefits@ysu.edu) or secure fax: 330.941.3716 one month in advance of the beginning of the leave or at the earliest feasible time.

**EMPLOYEE ACKNOWLEDGEMENT: Please read and sign below.**

I have read the above information and:

1. I understand that my absence is not authorized until it has been approved by my immediate supervisor and the Chief HR Officer.



2. I understand that YSU CBAs and University policies apply to my absence(s) and that, if I fail to give advance notice to HR of my absence in writing, my leave may not be approved.
3. I acknowledge that I am required to use all paid leave that is available at the time of my requested leave (i.e., vacation, personal-from-sick, sick leave for medical conditions) prior to unpaid leave.
4. I acknowledge that it is my responsibility to check my leave balances and work with HR in order to submit my timesheet/leave report/faculty leave form for this requested leave accurately before deadlines set by Payroll and HR.
5. I acknowledge that it is my responsibility to submit the request form to HR no later than 30 days before my requested leave or as soon as possible.
6. I acknowledge that, if I am taking leave for purposes other than those set forth in my leave request, my absence(s) may not be approved.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is the employee's responsibility to ensure that this form is properly completed and returned to the Office of Human Resources prior to or within a maximum of 30 days of the beginning date of the requested leave.

**SUPERVISOR PORTION:** To be completed by Employee's Direct Supervisor.

Name and Title (please print): \_\_\_\_\_

Provide details on how employee's work will be accomplished/impact other employees during the requested leave without pay: \_\_\_\_\_

I \_\_\_\_\_ Recommend \_\_\_\_\_ Do Not Recommend (if *do not recommend*, attach written explanation to this form)

Signature and Date: \_\_\_\_\_

**CHIEF HR OFFICER (or designee):** \_\_\_\_\_ Approve \_\_\_\_\_ Disapproved (written explanation required)

CHRO (or designee) Signature and Date: \_\_\_\_\_