



LOYOLA UNIVERSITY MEDICAL CENTER REQUEST FOR GENERAL LEAVE OF ABSENCE

SECTION 1: EMPLOYEE

Instructions: ALL REQUESTS SHOULD BE SUBMITTED ONE MONTH PRIOR TO BEGINNING DATE OF LEAVE

Form with fields: EMPLOYEE NAME, EMPLOYEE ID #, JOB TITLE, DEPARTMENT NAME, LAST DATE WORKED, BEGINNING DATE OF LEAVE, ANTICIPATED DATE OF RETURN. Includes checkboxes for Full Time and Part Time.

Permission is hereby requested to be absent from work for the reason and period stated below. I understand that when I am ready to return to work, I will be considered for the first available position with similar duties, status, pay and schedule. I agree that if I do not return to work on the stated date or fail to request a continuation, the Medical Center will consider this act a voluntary termination from employment. If rehired, I will be considered a new employee.

Type of Leave of Absence (LOA)

- General Leave of Absence\*
Extension of General Leave to

\*Requires minimum 6 months of service

I AM REQUESTING A GENERAL LEAVE OF ABSENCE (OR EXTENSION OF MY LEAVE) BECAUSE:

MAILING ADDRESS WHILE ON LOA

Form with fields: NUMBER, STREET, CITY, STATE, ZIP

I agree that while I am on leave, I will continue to pay the appropriate Loyola health insurance premiums, unless I elect to discontinue such coverage.

Form with fields: EMPLOYEE SIGNATURE, DATE

SECTION 2: DEPARTMENT HEAD

Instructions: Indicate your recommendation for this request. All employees receiving an approval for a General or Extended LOA for more than 30 days must complete the Employee Check-Out Procedure.

Form with fields: I support this request, I do not support this request, REMARKS

Form with fields: SIGNATURE, DATE

SECTION 3: HUMAN RESOURCES

Form with fields: Approved, Disapproved, REMARKS

Form with fields: SIGNATURE, DATE

