



REQUEST FOR NON-HEALTH RELATED LEAVE OF ABSENCE



Employee Information

Name: _____ Empl ID #: _____ Soc. Sec. #: _____

Supervisor: _____ Cognizant Vice President: _____

Expected Dates of Leave (approximate if unknown):

Begin Date ____/____/____

End Date ____/____/____

Jury/Witness Duty

- ♦ In order to receive compensation I must deliver any fees I receive for compelled attendance as a juror or non-expert witness to the University cashier, for deposit to the University's general funds.
- ♦ I must report daily to work before and after jury service or attendance as a witness, whenever feasible, in order to give as much attention as possible to my regular duties in order to receive compensation for Jury Duty.
- ♦ The leave of absence with pay covers only the time I am actually engaged in jury service or in attendance as a witness, and reasonable travel to and from the place of such service or attendance.
- ♦ I cannot receive compensation if I appear in court on my own behalf, e.g., to pay a traffic fine or as a party to a civil law suit.

Funeral Leave

- ♦ I am requesting _____ days of Funeral Leave for an immediate family member (parent, spouse, child, sibling, parent-in-law, brother-in-law, sister-in-law, grandparent or grandchild). (Paid Funeral Leave cannot exceed 3 working days.)
- ♦ Please indicate relationship to the deceased: _____
- ♦ Please provide information explaining reasons for amount of time requested (for example: travel distance or involvement with funeral arrangements etc.): _____

Special Leave Without Pay

Please state reason for Special Leave Without Pay: _____

- ♦ Special Leave cannot exceed one year without the University President's approval.
- ♦ The University cannot assure that I will be reinstated to the same or an equivalent position after returning from leave.
- ♦ Circumstances that may warrant special leave include, but are not limited to, personal rehabilitation, the serious health condition of a spouse or child, or continued education.

Employee Signature: _____ Date: _____

Supervisor Acknowledgment and Recommendation – Required Prior to Submission

I hereby acknowledge the employee's request and recommend that the employee's Request for Non-Health Related Leave of Absence be: Granted Denied (Please attach an explanation)

Date: _____
Daytime Phone: _____

Supervisor Signature: _____

Required For Special Leave Without Pay Only

Cognizant Vice President

Printed Name: _____

Signature: _____

Date: _____

Cognizant Vice President's recommendation for changes (if any): _____

Return completed form to:
University Benefits Department at 420 Wakara Way, Suite 105, Salt Lake City, UT 84108 or fax to (801) 585-7375