

**UNPAID LEAVE OF ABSENCE
CENTRAL MICHIGAN UNIVERSITY**

GENERAL INFORMATION – TO BE COMPLETED ON ALL TRANSACTIONS

Employee: _____ Date: _____
Campus Address: _____ Phone: _____
Job Title: _____ Staff Pay Level: _____ Personnel No.: _____
Department: _____

TO BE COMPLETED BY AUTHORIZED SUPERVISOR OR HR/FPS

TYPE OF LEAVE:

- FML**
- Medical (non-FML)**
- Workers' Compensation**
- Personal**
- Military**
- Other** _____

Effective Dates: From: _____ To: _____

- Leave Granted
- Leave Denied/Reason: _____
- Hold Position
- Will Not Hold Position

Supervisor Name: _____ Date: _____
Dean/VP (for Faculty only): _____ Date: _____

REQUEST FOR EXTENSION

<input type="checkbox"/> Extension:			<u>Supervisor Initials</u>	<u>Date</u>
1 st Request:	From: _____	To: _____	_____	_____
2 nd Request:	From: _____	To: _____	_____	_____
3 rd Request:	From: _____	To: _____	_____	_____

(If extension is for a medical leave of absence (FML or non-FML), new medical certification is required)

RETURN FROM LEAVE OF ABSENCE

Date of return: _____
Doctor's release received by Supervisor on: _____
Restrictions, if any: _____

Supervisor Name: _____
Dean/VP (for Faculty only): _____

Note: After form is completed, please save and email as an attachment to one of the following:

For Faculty: fps@cmich.edu or mail to 308 Warriner Hall, Mount Pleasant, MI 48859
For Staff: staffleaves@cmich.edu or mail to 109 Rowe Hall, Mount Pleasant, MI 48859