

Southern Methodist University

APPLICATION FOR STAFF LEAVE OF ABSENCE

Department: _____ School/Division: _____

I, _____ SMUID _____ am requesting a leave of absence from my present job at Southern Methodist University in compliance with applicable SMU Policies 9.21, 9.22, 9.23, 9.24, 9.36, and 9.38, beginning * (month, day, year) _____ and to end (month, day, year) _____.

Please contact a Benefits Specialist at 214/768-3311 prior to completing this form

My last day of actual work for this situation was/will be : _____.

My reason for requesting a leave of absence is (note applicable Policies):

- Governmental (9.22), Professional (9.22), Educational (9.22), Military (9.23), Medical, Family & Medical Leave Act (FMLA), (9.21, 9.36), Maternity (FMLA), (9.38), Child Care (Non-medical), (FMLA), (9.36), Civic Responsibility (9.24)

I wish to maintain the following benefits during my leave of absence period. It is understood that I (employee) will pay the required premium or payment as calculated by the Department of Human Resources for any benefit extended to me. (Check the appropriate box/boxes.)

- Group Medical Insurance, Group Life Insurance, Group Accident Insurance, Dental Insurance, Flexible Spending Accounts

I recognize that the following will not accrue or be paid or granted during any unpaid leave of absence period.

- 1. Salary/Wage Compensation 2. Tuition Benefits 3. Vacation and/or Medical Leave 4. Occupational Injury Benefits

I agree to keep my Department and the Department of Human Resources - informed of any status changes. I have read applicable University Policies and such requirements are hereby accepted.



Employee Signature _____ Date _____

(Department Use Only)

This Leave is granted on the following basis (subject to review by the Department of Human Resources):

- Employee can return to the same or equivalent position within the Department or the University. Employee can make application for available positions within the University. A position is not guaranteed by SMU. (Not to be used while Family & Medical Leave Act provisions apply.)

Department Head Approval _____ Date _____
Dean or Division Head Approval _____ Date _____
Financial Officer Approval _____ Date _____

DEPARTMENT OF HUMAN RESOURCES USE ONLY

Benefits _____ Date _____

* The Department of Human Resources may adjust this date based on vacation and/or medical leave balance, if applicable.