UNIVERSITY OF WASHINGTON

REQUEST FOR LEAVE OF ABSENCE

PERSONNEL SERVICES

Employee Name: _____

Month: _____ Year: _____

Use this form for personal leaves of absence and for routine absences due to illness, OR check I took no leave this month ___.

If you have a health condition that may require periodic, repeated or extended absences, or if you need to request leave for pregnancy, for a disability or to care for a sick family member, complete the form titled "Request for Leave of Absence - Personal Medical/Family Medical/Disability/Parental" (UoW 1076).

LEAVE TYPE	BEGIN DATE/TIME	END DATE/TIME	TOTAL HOURS
☐ Vacation Leave			
☐ Sick Leave			
☐ Compensatory Time			
☐ Leave Without Pay			
☐ Other:			
I request my PERSONAL HOLIDAY on: _____			

If your leave request is due to on-the-job injury or illness and you have questions about workers compensation, please contact the Risk Management Office at 543-0183, Box 351276, email, workcomp@u.washington.edu.

Supervisor Approval Signature	Date	Employee's Signature	Date