

2009-2010 UNPAID LEAVE PROGRAM

EXPRESSION OF INTEREST

I have an interest in taking unpaid leave. I have indicated my interest below:

I am certain that I want to participate in this program. I have marked the desired days/weeks, if known, that I wish to take as unpaid leave on the backside of this form. After review and approval from my supervisor, I will receive information from the Office of the Treasurer about how my compensation and benefits will be affected. Upon receiving this information, I will have the opportunity to modify my request to include canceling it.

I am considering taking unpaid leave and am not yet certain that I want to participate in this program. I would like to discuss this option with my supervisor and review how my compensation and benefits will be affected. I have estimated the number of days/weeks below that I am considering and have marked the desired days/weeks, if known, that I wish to take as unpaid leave on the backside of this form. After review and approval from my supervisor, I will receive information from the Office of the Treasurer about how my compensation and benefits will be affected. Upon receiving this information, I will have the opportunity to modify my request to include canceling it. I realize that I may also commit at a later date as long as the program is still available and my supervisor approves.

I am interested in:

Hourly, Non-Exempt Staff

_____ # of days
(must be in full-day increments)

Salaried, Exempt Staff

_____ # of weeks
(must be in full-week increments)

Complete the backside of this form and write your name below.

Name (please print): _____

Make two copies of this request – send the original to your supervisor, a copy to the Office of Human Resources and keep a copy for yourself.

To be completed by your supervisor, department director/head and a member of the human resources department

- Approved
- Not approved. If not approved, list reason: _____

Supervisor _____ Date _____

Dept. Director/Head _____ Date _____

HR Representative _____ Date _____

**REQUESTED UNPAID DAYS
UNDER THE UNPAID LEAVE PROGRAM**

Mark with an "X" the days you wish to take as unpaid leave.

JULY

S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST

S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

SEPTEMBER

S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

OCTOBER

S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

NOVEMBER

S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

DECEMBER

S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JANUARY

S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

FEBRUARY

S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

MARCH

S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

APRIL

S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

MAY

S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

JUNE

S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

I do not know the dates that I wish to use under this program. For discussion purposes, I have written an explanation of my desires in the notes section below. (i.e. "If my son participates in the state wrestling tournament, I would like to take three days off at that time: March, 17, 18, 19, 2010.)

NOTES
