

Voluntary Leave Without Pay With Benefits Form

Use this form to request leave without pay and retain health insurance coverage during the absence. Voluntary leave without pay with benefits may be approved during a period of reduced unit activity or for personal circumstances. **To participate in the Voluntary leave without pay with benefits program, leave must be taken for a minimum of one pay period (2 weeks), and cannot exceed six consecutive pay periods including extensions.** Leave without pay may be requested for less than two weeks but should be done through the employee's department, not using this form. For questions or information about the impact on your benefits during a leave without pay, please contact the Benefits Office at 785-864-4946 or hrdept@ku.edu.

Last name: _____ First name: _____

Department: _____

Beginning date of leave: _____ Ending date of Leave: _____

Reason for Leave Request: _____

Step 1: You will need to obtain a gross to net calculation from the Payroll Office (payroll@ku.edu or 785-864-4385) in order to determine the amount of time in pay status that is required each pay period to ensure that benefits and deductions are covered during your leave.

_____ I have contacted payroll, and the amount of time in pay status that is required each pay period to
initial ensure my benefits and deductions are covered during my leave is: _____ hours.

Step 2: Optional - Use the worksheet found on the [Human Resource Management website](#) to determine how you will enter the amount of time in pay status that is required each pay period.

Step 3: Acknowledgements and Signatures: I have voluntarily applied to take leave without pay as indicated above. I understand and accept the impact on my benefits and pay. **I understand that I am responsible for submitting the necessary absence requests in the HR/Pay system.** I understand that my request is not approved until all signatures listed below have been obtained.

Employee Signature: _____ Date: _____

<p>I, _____, approve this request <small style="text-align: center;">Supervisor's printed name</small></p> <p>Supervisor Signature: _____ Date: _____</p>
<p>I, _____, approve this request <small style="text-align: center;">Unit Head's printed name</small></p> <p>Unit Head Signature: _____ Date: _____</p>
<p>I, _____, approve this request <small style="text-align: center;">Dean's printed name (if applicable)</small></p> <p>Dean signature: _____ Date: _____ <small style="text-align: center;">Dean's signature (if applicable)</small></p>
<p>I, HRM Director, approve this request</p> <p>HRM Director Signature: _____ Date: _____</p>

Step 4: Submit the necessary absence requests for the amount of time in pay status and/or the time in leave without pay in the Hr/Pay system (hr.ku.edu)