

**Staff Leave Without Pay Request
Form (Unclassified Professional
and University Support Staff)**

Staff taking a leave without pay exceeding two consecutive pay periods requires completion of this form and approval as indicated below. ¹

Last name: _____ First name: _____

Department: _____

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

Reason for Leave Request: _____

Choose One:

- I am requesting [Staff Leave without Pay](#) and do not intend to use my leave to cover benefit deductions during the leave period. (If selected, proceed to the acknowledgement and signatures section.)
- I am requesting [Staff Leave without Full Pay](#) and intend to use a minimal amount of my accrued leave or work a minimal amount to cover my benefit deductions during the identified leave period. I understand that such leave cannot be longer than 12 consecutive weeks and that the leave cannot be due to a medical condition.

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 required in paid status each pay period to ensure that State Employee Health Plan 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
initial period to ensure my benefits and deductions are covered during my leave is: _____ hours.

Acknowledgements and Signatures: My signature below acknowledges I have voluntarily applied to take the leave without pay option as indicated above. I have read and agree to the terms and conditions as outlined in the [Leave Without Pay](#) or the [Leave Without Full Pay process](#). I understand my request will have to be reviewed and approved by my supervisor/unit leadership and Human Resource Management before the leave can begin.

Employee Signature: _____ Date: _____

<p>I, _____, __approve __deny this request <small>Supervisor's printed name</small></p> <p>Supervisor Signature: _____ Date: _____</p>
<p>I, _____, __approve __deny this request <small>Unit Head's printed name</small></p> <p>Unit Head Signature: _____ Date: _____</p>
<p>I, _____, __approve __deny this request <small>Dean, Vice Provost, or Vice Chancellor's printed name (if applicable)</small></p> <p>Signature: _____ Date: _____ <small>Dean, Vice Provost, or Vice Chancellor's signature (if applicable)</small></p>
<p>HRM __approve __deny</p> <p>HRM Signature: _____ Date: _____</p>

Form Submission: must submit the completed request form to hrdept@ku.edu

¹ Requests for leave without pay for less than two consecutive pay periods should be done through HR/Pay and not by using this form. For questions or information about the impact on your benefits during a leave without pay, please contact the Benefits Office at 785-864-7402 or benefits@ku.edu.