

DEPARTMENT OF HUMAN RESOURCES

9 Walters Avenue Storrs, CT 06269-5075 <u>hr@uconn.edu</u> (860) 486-3034 (p) (860) 486-0406 (f)

REQUEST FOR LEAVE OF ABSENCE FROM GRADUATE ASSISTANTSHIP

NOTE: To request a leave of absence from your academic studies you must contact the Graduate School.

Graduate Assistant Name:				Employ	yee No.:		
Email Address:				Phone	No.:		
Street Address:					_		
City:		State:				Zip Code:	
Department:				Unit Bo	ox:		
Supervisor's Name:			Phone No:				
Reason for Leave Request: (Human Resources will only process leaves for the reasons listed on this form. If you need to be absent for any other reason, please contact your department.)	Maternity (Paid) Care for newborn (non-birth parent) (Paid for up to 21 calendardays) Adoption (Paid for up to 21 calendar days) Leaves may be paid or unpaid Personal Illness/Injury Family Illness/Injury Spouse/Registered Domestic Partner Child Parent-In-Law Bereavement Spouse/Registered Domestic Partner Child Parent Parent-In-Law Military Leave Immigration Hearings Jury Duty						
Anticipated Dates of Leave:	Start:			End:			
I am requesting □ paid leave □ unpaid leave							
Employee Signature:				Date:			
Please return completed form and Medical Certificate if the leave is for medical reasons (maternity leave requires a Medical Certificate within 15 days following delivery) to: University of Connecticut, Attention: Megan Stimson-Human Resources, 9 Walters Avenue, Storrs, CT 06269-5075 or via Fax (860) 486-0406. If you have questions completing the form, contact Megan Stimson at megan.stimson@uconn.edu or (860) 486-0408. Megan Stimson will contact you within 5 business days.							