**DEPARTMENT OF HUMAN RESOURCES**

**9 Walters Avenue**

**Storrs, CT 06269-5075**

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**REQUEST FOR LEAVE OF ABSENCE FROM GRADUATE ASSISTANTSHIP (For Bereavement, Military, Immigration Hearing or Jury Duty leaves)**

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Graduate Assistant Name: | | |  | | | | Employee No.: | |  | |
| Email Address: | |  | | | | | Phone No.: | |  | |
| Street Address: | | |  | | | | | | | |
| City: |  | | | | State: |  | | | Zip Code: |  |
| Department: | | |  | | | | Unit Box: | |  | |
| Supervisor’s Name: | | |  | | | | Phone No: | |  | |
| *\*To request a Personal Medical Leave, Caregiver Leave, Bonding/Parental Leave, and Military Family Leave, please complete the* [***Employee Request Form.pdf***](https://hr.media.uconn.edu/wp-content/uploads/sites/1421/2022/03/GA-Employee-Request-Form-FMLA-HR-1.pdf) | | | **Leave Reason:** | | | | | | |  |
| * Bereavement   + Spouse/Registered Domestic Partner   + Child   + Parent   + Parent-In-Law * Military Leave * Immigration Hearings * Jury Duty   \*Please note that these leaves may be paid or unpaid. | | | |  |  |  |  |
| Anticipated Dates of Leave: | | | Start: |  | | | End: |  | | |
| I am requesting  paid leave  unpaid leave | | | | | | | | | | |
| Employee Signature: | | |  | | | | Date: |  | | |