**DEPARTMENT OF HUMAN RESOURCES**

**9 Walters Avenue**

**Storrs, CT 06269-5075**

**absencemanagement@uconn.edu** **Fax: (860) 486-0406**

**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: |  |