PENSACOLA STATE COLLEGE

REQUEST FOR LEAVE WITHOUT PAY

(Refer to Procedure 414 for guidelines)

ATTENTION: Director, Human Resources

I, ____________________________________ of the ____________________________________ Department, hereby request leave without pay effective from __________________ to __________________ for the following reason:

______ Educational

______ Personal Emergency

______ Other Medical Condition (non-serious)

______ Insufficient Leave Balance

______ Military Orders

Family and Medical Leave Act (FMLA)

_____ Birth/Adoption of a Child

_____ Serious Health Condition of Immediate Family Member

_____ Serious Health Condition of Employee

_____ Military Family Leave

Explanation: ____

____

I understand I must return to work on the day after this leave expires. If I am unable to work that day, I understand that a new request for leave and associated documents (i.e. physician note) must be submitted before the expiration date specified above. No automatic renewals will be granted; any additional leave will be at the discretion of the President and the Board.

I understand that the college will continue to pay medical and basic life insurance premiums for me for 12 weeks. I will be notified to pay the Cashier for dependent medical premiums and other optional deductions (dental, vision, cancer, disability, etc.) to prevent loss of coverage. I understand that any lapse in coverage will require me or my dependents to re-apply and be subject to the enrollment provisions of the group plan in place at that time should coverage be desired at a later date. Proof of insurability is not required for FMLA leave.

For benefits information and to set-up payment to the Cashier's Office I understand I must contact Human Resources, 1000 College Blvd., Bldg 7, Room 715, Benefits Administrator, 850-484-1772.

Employee's Signature / Date	Supervisor's Signature / Date
Employee's ID Number	Department Head's Signature/ Date
Employee's Phone Number	Senior Administrator's Signature / Date
Employee's Mailing Address	President's Signature / Date

(Revised September 2016)