

## REQUEST FOR LEAVE OF ABSENCE

**Name:** \_\_\_\_\_ **Coyote ID:** \_\_\_\_\_

**Date of Hire:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Supervisor Name:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Employee Classification:**  Benefited  Non-Benefited

<p><input type="checkbox"/> Bereavement Leave- Employees employed for 30 days or more are entitled to (5) days of bereavement leave following the death of an immediate family member (please call HR if you any questions to the definition of an “Immediate Family” member). This leave may be paid or unpaid depending on your employment classification.</p> <p>Relationship: _____</p> <p>Employees may use their accrued sick time while on an approved bereavement leave***</p>	<p><input type="checkbox"/> Jury/Witness Duty- Employees are protected when they are engaged to serve on an inquest jury, trial jury, appear in court in compliance with a subpoena or as a court ordered witness</p> <p>Should you need to take Jury/Duty Witness leave please submit the following:</p> <ul style="list-style-type: none"> <li>• Request for Leave of Absence (LOA)</li> <li>• Jury Duty Summons/Subpoena to appear in court</li> <li>• Upon Completion pink slip/or printout</li> </ul> <p>Benefited employees summoned to Jury Duty are entitled for up to (15) working days of jury duty benefits per calendar year. Please see UEC Employee Handbook for more information On Jury Duty Pay. Non-benefited employees are entitled to serve on Jury Duty but may serve on an unpaid status.</p> <p>Employees called to appear in court as a witness may take unpaid time off.</p>
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I certify that my answers given herein are true and complete to the best of my knowledge. I agree that any misrepresentation, false statement or omission made by me with respect to the information contained in this Request for Leave of Absence shall be sufficient to disqualify me from consideration.

I also understand that my failure to return to work on the specified date will be considered a voluntary resignation effective the next workday, unless I make prior arrangements with UEC Human Resources- for an approved extension to my Leave of Absence.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Human Resources Use Only

Approved  Denied **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_