



Application for Leave of Absence Without Pay

To: Manager: \_\_\_\_\_

From: Employee Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Department/Unit/County: \_\_\_\_\_

I hereby apply for a leave of absence from the University of Arkansas System Division of Agriculture as follows:

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Please state the reason or purpose for which the leave is requested. If the absence is necessary because of your or your immediate family member's serious health condition, please contact Human Resources before submitting this request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If leave is granted to me, I understand the following:

- All my accumulated annual leave must be exhausted prior to taking leave without pay, except if this leave qualifies as maternity leave or certain types of military leave;
- I will not earn sick leave or annual leave if I am on leave without pay for 10 or more days during a calendar month;
- I will not be paid for University Holidays while on leave without pay;
- If the amount of my semi-monthly salary during the period of leave without pay is insufficient to cover my cost of the Division's group insurance programs, I may continue to participate by paying the total cost (my part and the Division's part) of the premiums;
- If I fail to report to work promptly at the end of an agreed-upon period of leave without pay, my employment with the Division may be terminated;

For more information, please see Board of Trustees Policies 420.6 or Division policy PMGS 21-01.

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

Approved:

Dept. Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Chief Human Resources Officer Date

\_\_\_\_\_  
Sr. Associate Vice President Date

\_\_\_\_\_  
Vice President for Agriculture Date

\_\_\_\_\_  
President Date

Once this form is completed, it should be routed to [yourbenefits@uada.edu](mailto:yourbenefits@uada.edu) for processing.