



University Dining – Leave of Absence Request

Name _____ Student ID Number _____

Current Position _____ Department _____

Current Fulltime Staff Supervisor: _____

Leave of Absence Period:

Start Date: _____ End Date: _____

Permanent Home Phone Number: _____

Permanent Home Address: _____

Reason for Leave of Absence (circle one): Study Abroad Personal Academic Medical

Brief Explanation: _____

Conditions needed for leave to be granted:

- *Must* be in good employment standing with University Dining.
- *Must* be in good academic standing (semester and cumulative GPAs of 2.0 or better).
- *Must* completely fill out the Leave of Absence request form and turn in the signed form to the Student Employment Manager.
- *Must* be able to give an approximate date of return when applying for a leave of absence.

I understand that a leave of absence is granted only upon discussing the request with my supervisor and submitting a leave of absence form to the Student Employment Manager during the semester prior to my leave.

I also understand that my wage upon returning will be based on the current University Dining Wage Classification Scale. Longevity and training increases may be added according to employment policy.

Two months prior to my return, I will contact my supervisor and discuss the terms and possibilities of my re-employment.

Student Employee Signature _____ Date _____

Fulltime Supervisor Signature _____ Date _____

Student Employment Manager Signature _____ Date _____