PennState Human Resources

Absence Request Form

Employee Information

Employee's Full Name	PSU ID Number	Email Address	Supervisor/HR Rep

Home Address – Please include City, State & Zip	Phone Number	College/Department/Unit

Reason for Request ☐ FMLA ☐ Medical ☐ Maternity ☐ Military ☐ Child Care* ☐ Personal*

*full-rate benefits *full-rate benefits

Leave Request Type

◯ **Continuous Leave**

Length of leave you are requesting (number of weeks or months) _____ Date you expect to being your leave: _____

Date you expect to return from leave: _____

◯ **Intermittent or Reduced Schedule Leave**

Will this absence be greater than: ◯ 60 days ◯ 180 days ◯ unknown

*If absence is greater than 60 days, you may be eligible for additional benefits. Please contact Absence Management for more information.
*Per Policy HR99 individuals with a break in service of six (6) months or longer are required to complete an Arrest and Conviction self-disclosure form before returning to work.

Accumulated Paid Time Please select any paid time that you would like to use prior to being placed on an **unpaid** leave of absence.

(Please Note: based on reason for request, per policy, you may be required to use all accumulated sick leave and/or all accumulated paid time)

☐ Sick ☐ Vacation ☐ Personal Holiday ☐ Service Day ☐ Other (please define) _____

Do you have earned paid time to cover your absence? ◯ Yes ◯ No ◯ Unknown

A decision not to continue benefits may have an adverse effect on the employee's eligibility to continue benefits into retirement (see Policy HR-54). If coverage is not continued during a leave and requested at a later date, proof of insurability will be required for life insurance and long-term disability plans (if applicable); medical coverage can be added or removed if the employee experiences an IRS-defined life event change. VADD coverage can be requested during the next Open Enrollment.

◯ I do not wish to continue benefits for the applicable period.

◯ I understand that benefits may be continued while on leave. Benefits will be billed at the Full Rates and, in some instances, the Regular Rates. I do wish to continue all benefits for the applicable period and agree to pay for them when billed.

Name of Employee (print)	Date

Signature of Employee	Signature - Absence Management Specialist

Employee Benefits Division, James M. Elliott Building, University Park, PA
16802 Absence Management: (814) 865-1782 , Fax: (814) 863-6227
E-mail: absence@psu.edu, Website: ohr.psu.edu