

BALL STATE UNIVERSITY
Request Mutual Leave
(Leave Without Pay)

Employee Name: _____ BSU. I.D. No. _____ Staff: _____ Service: _____
Department: _____ Title: _____ Fac. _____ Prof. _____
Employee's work schedule: Times of Day: _____ Days of Week: _____

I am requesting a leave of absence during the period: Beginning: _____ Ending (last date of leave): _____

State reason for leave: _____

I understand:

1. Employees with one year of service may continue their health care plan. If I meet the service requirement, I must make arrangements with the Office of Payroll and Employee Benefits for the payment of insurance premiums during the period of the leave. **NOTE:** Vacation and sick leave do not accumulate during an unpaid leave of absence.
2. If I am granted a leave of absence and fail to return to work at the expiration of the leave, unless prior approval has been granted for an extension, my employment is deemed to have been terminated as of the original termination date of the leave.
3. If at any time I accept any kind of employment while on leave of absence without permission from University Human Resource Services, I will be considered as having resigned from the University as of that date.

Employee's Signature Date

TO BE COMPLETED BY THE DEPARTMENT:

Supervisor's Signature Date: _____

Department Head's Signature Date: _____

Dean's or Vice President's Signature Date: _____

Provost's Signature (For Faculty only) Date: _____

TO BE COMPLETED BY UNIVERSITY HUMAN RESOURCE SERVICES:

University Human Resource Services Date: _____