

## UNIVERSITY OF VIRGINIA HEALTH SYSTEM, MEDICAL CENTER REQUEST FOR PERSONAL/EDUCATIONAL LEAVE

Name:		ID#:		
Home Phone:	Status:	Full-time,	Part-time,	Wage
Department:	Position:	Work P	hone:	
I request □Personal or □Educatio This request is to I understand and agree to the follow	care for a family men			
i understand and agree to the follow	wing provisions.			
<ol> <li>Personal/Educational leave may required to first use any accrued</li> </ol>	, ,	* *		s. I will be
2. Subject to the terms, conditions continue to provide life, health, personal/educational leave. For pay, I will be responsible for permployer and employee contributions of the contribution.	, and disability insuranter of a Personal Leave of aying the entire cost of butions. For an Educa	ce benefits for tabsence, during of these benefit	he full period of g any period of plans, which in	f the leave without cludes both the
3. Paid time off accrual is suspended during resumes upon return to active e	g any period of leave of	1 / 1	1	
<ol> <li>When my leave ends, reasonable available, or to a comparable values does not guarantee me reinstate</li> </ol>	acant position for which		-	
Employee's Signature:	Date:			
To be completed by supervisor:				
Personal Leave is approved, approved,	disapproved for the p	eriod beginning		and ending
Supervisor's Name	Supervisor's Signat	ure	Date	
Address/Box #	Phor	ne #		

Submit copy to UVA HR Solution Center, <a href="mailto:leave@virginia.edu">leave@virginia.edu</a> or via fax at 434-924-4042.