

MCAD Unpaid Leave of Absence (LOA) Request Form

To request an unpaid Leave of Absence (LOA), please complete the following request form and submit to Human Resources with as much notice as you're able.

Employee Name: _____ Position: _____

Dept: _____ Supervisor: _____

Requested Leave Start Date: _____

Estimated End Date: _____

By signing below, I acknowledge the following:

- I am not eligible for FMLA leave.
- I have been employed with MCAD for at least three months.
- I will/have expend(ed) all applicable paid leaves.
- Missed benefits payments will be taken out of future paychecks upon returning.
- This unpaid leave will be 5 days or less. (Leaves for over 5 days require second approval, see below.)
- I have spoken with my supervisor, and this absence will not negatively affect the department's ability to efficiently deliver service.

Department Manager Signature: _____ Date: _____

- This leave will be over 5 days.

Department Manager Supervisor Signature: _____ Date: _____

Time off work is expected to be (select the most appropriate box):

- For a continuous block of time (several continuous days, weeks, or months off work).
- For a reduced work schedule (change in work schedule needed—fewer hours per day or fewer hours per week).
- On an intermittent basis (periodic time off that is not usually expected to be the same days or time off from week to week; examples may be time off for flare-ups of a medical condition and/or for ongoing medical treatment/appointments).

Return to Human Resources Department (M16) or benefits@mcad.edu.

Please contact benefits@mcad.edu with any questions.

Employee Signature: _____ Date: _____