

MCAD Unpaid Leave of Absence (LOA) Request Form

To request an unpaid Leave of Absence (LOA), complete the following request form with as much notice as possible.

Employee Name: _____

Requested Leave Start Date: _____ Estimated End Date: _____

Type of absence:

- Care for self
- Care for family member
- Parental Leave
- Family emergency
- School/Education
- Professional practice
- Other _____

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

- A continuous block of time (consecutive days, weeks, or months off work).
- A reduced work schedule.
- An intermittent basis (periodic time off that is not expected to be on a consistent schedule).

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 OR this is a Parental Leave Request.
- I must use any applicable paid time off.
- Missed benefits payments will be deducted from future paychecks upon returning.
- My job is not protected during this leave.

Employee Signature: _____

Date: _____

Department Manager Signature: _____

Date: _____

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

Contact benefits@mcad.edu with any questions.