

Employee

Last Name:	First Name:	Employee ID Number:
Department:	Employment Type: <input type="checkbox"/> Salary/Exempt <input type="checkbox"/> Hourly/Non-Exempt	Campus Phone Extension:

Dates of Voluntary Unpaid Time-Off

Dates Requested (must be full day increments) Date Range: OR Specific Date(s) (please list):
--

Employee Acknowledgement/Agreement *(Submit request at least 2 weeks prior to date(s) requested).*

<i>Please read carefully, sign and date to indicate that you have read and will comply with the terms of this agreement.</i> I understand that if this request is approved, it is based on my voluntary request and the time-off will be unpaid. I also understand that I must not perform any work for/or on behalf of DePaul University during my voluntary unpaid time-off. If I perform work on these dates, I will be paid for the dates or time worked. In order to continue benefits coverage during voluntary unpaid time-off, I may be required to make arrangements with the HR Benefits Department for payment of required benefit premiums. I understand that I will also continue to accrue applicable sick and/or vacation time during my voluntary unpaid time-off.	
Employee Signature:	Date:

Supervisor Approval

This voluntary unpaid time-off requires supervisor approval. Your supervisor will complete and submit the completed form to the HR Benefits Department.	
The requested voluntary unpaid time-off is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Comments:	
Supervisor Name:	
Supervisor Title (Print):	
Date:	

Human Resources:

The Request for the Voluntary Unpaid Time-off is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
If denied, reason for denial:	
HR Representative Name:	Title:
HR Representative Signature:	Date Received: Date Approved:

All voluntary unpaid time-off request forms are placed in the employee benefits file.