



CALIFORNIA INSTITUTE OF TECHNOLOGY

PERSONAL LEAVE OF ABSENCE REQUEST FORM

Return to H.R.
M/C 168-84

It is the Institute's policy to consider employee request for Personal Leave of Absence of 10 or more workdays for purposes such as education, scientific research, public service, and personal reasons. Personal Leaves of Absences are without pay and granted at the discretion and convenience of the Institute.

If you have questions about your leave or if circumstances change during your leave, contact the Disability & Leave Administration Unit in Human Resources at (626) 395-8382 or (626) 395-3092 or by email at leaveunit@caltech.edu

Section I. Employee Information

Employee Name: _____

Department: _____ UID #: _____

Address during leave: _____

Phone during leave: _____ Cell phone: _____

Personal E-mail: _____

Section II. Leave Information

First Day of Leave _____ Return to Work Date _____

Reason for Leave _____

Under the provisions of the Institute's Personal Leave policy, it allows me to retain all of my accrued vacation or I may request a lump sum payment of my unused vacation and personal holiday.

I elect: to retain all accrued vacation

a payment of my accrued vacation and personal holiday, if available

Section III. Employee Acknowledgement

I agree to conform to the terms and conditions of Caltech's Personal Leave of Absence policy.

I acknowledge that:

- there is no guarantee of reinstatement to the same or equivalent position
- this is an unpaid leave of absence
- I will not accrue additional sick and vacation time
- to continue any of my Caltech benefits I will pay 100% of the cost (employee & employer portion).
- my failure to return to work on or before the return date of my approved leave will be considered a voluntary resignation, if no prior arrangements for an extension have been made

Employee's Signature _____ Date _____

Section IV. Approval

Supervisor/Administrator _____ Date _____

Division Chairman/Department Director _____ Date _____

Associate Vice President, Human Resources or designee _____ Date _____