

## DREXEL UNIVERSITY COLLEGE OF MEDICINE Request for Leave of Absence: Personal Leave

University ID	Name	Date
Status:		
Home Mailing Address		
Prequire a Personal Leave of Absence due to the following reasons:	Campus Mailing Address	Campus Telephone
Medical: If you are requesting a medical leave of absence but are not eligible for FMLA, you are required to submit a Certification of Health Care Provider form. If your leave is approved, it will be counted against your FMLA entitlement.    Non-Medical: Please explain, e.g. family emergency, personal business, below.    Employee Name	Home Mailing Address	Home Telephone
Employee Name	Medical: If you are requesting a medical le Health Care Provider form. If your leave is	eave of absence but are not eligible for FMLA, you are required to submit a Certification of approved, it will be counted against your FMLA entitlement.
Immediate Supervisor Signature & Date  Department Head Name  Department & Department Head Signature & Date  FOR HR USE ONLY  Approved PAF Received Denied & Reason for Denial:		
Signature & Date  Department Head Signature & Date  FOR HR USE ONLY  Approved PAF Received Denied & Reason for Denial:	Employee Name	Employee Signature & Date
FOR HR USE ONLY  Approved PAF Received Denied & Reason for Denial:	I	
Approved PAF Received Denied & Reason for Denial:		
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