

This form is used by a department to approve a leave without pay request made by a support staff employee. Pension & Benefit Advisory Services will forward a Leave Directive to the employee to arrange prepayment of benefits.

For assistance with this form, please contact your [Employment Advisor](#) or call (780) 492-4555.

Please submit completed form and supporting documentation by mail or fax to:

Employment Services, Human Resource Services  
2-60 University Terrace, University of Alberta  
Edmonton, AB T6G 2T4  
Fax: (780) 492-3800  
Email: [employmentservices@ualberta.ca](mailto:employmentservices@ualberta.ca)

**A. Employee Information**

Person ID # \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Department \_\_\_\_\_ Period of Personal  
Leave Without Pay \_\_\_\_\_ to \_\_\_\_\_  
yyyy/mm/dd yyyy/mm/dd

**B. Department Authorization** – Please attach the written request for the personal leave period made by the employee.

The above mentioned individual has been approved for leave without pay for the period specified. Our department has approved this leave as requested. The return to duty of the employee is contingent on the availability of the position.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_