

**Carleton College**  
**Request for a Personal Leave of Absence**  
**(Non-FMLA)**

To: \_\_\_\_\_  
Supervisor's name

From: \_\_\_\_\_  
Employee's name

I am requesting a personal (non-FMLA related) leave of absence  
from \_\_\_\_\_ through \_\_\_\_\_

Leave will be \_\_\_\_full time \_\_\_\_part time or intermittent (if part time or intermittent  
please provide details) \_\_\_\_\_

As required I will use my sick, vacation or floating holiday accruals during my personal  
leave of absence. My current accruals as of this date are: \_\_\_\_sick\_\_\_\_ vacation  
\_\_\_\_ floating holiday (any unpaid time has to be approved by the supervisor).

I understand this personal leave of absence, if approved by my supervisor, can be  
revoked if this leave becomes no longer operationally feasible for my department at  
Carleton College.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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As supervisor of this employee I have \_\_\_\_\_approved \_\_\_\_\_ not approved  
this request for a personal leave of absence.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\*\*Please distribute the original signed copy to Karyn Jeffrey in Human Resources,  
mail stop 5-STRONG.

If your leave is 6 months or less, your benefits will remain intact as long as you continue  
to pay the employee share of the benefit premiums in which you are enrolled. If your  
leave should exceed beyond 6 months, you will need to pay the entire premium. If this  
leave is unpaid, arrangements for payments of deductions must be made through the  
Human Resources office. Under no circumstances are leaves to exceed a rolling 12  
month period.