

ROGER WILLIAMS UNIVERSITY AND ROGER WILLIAMS UNIVERSITY SCHOOL OF LAW
REQUEST FOR A NON-FMLA LEAVE OF ABSENCE

INSTRUCTIONS: please complete the form, read the statement on page 2, sign, date and return to the Department of Human Resources to the attention of the Benefits Specialist. **If the leave request is due to medical reasons, please include a signed note from the treating physician with the following information: Date first unable to work, length of time expected to be unable to work and expected return to work date.**

Employee Name _____ Last 4 digits of Social Security# _____

Address _____ City & State _____ Zip Code _____

Position _____ Department _____

Supervisor's Name _____

1. My requested leave will begin on ___ / ___ / ___ and end on ___ / ___ / ___

2. Type of Non-FMLA leave requested.

- Extraordinary Leave of Absence
(Available to Non-Aligned, School of Law Facilities Union, PSO Union and PSSA Union Employees)
 - Sick Leave of Absence
(Available to PSSA Union Employees)
 - Personal Leave of Absence
(Available to Dining Union Employees and School of Law Faculty)
 - Academic Leave of Absence
(Available to Faculty Union Employees)
 - Professional Leave of Absence
(Available to School of Law Faculty)
 - Parental Leave of Absence
(Available to School of Law Faculty)
 - Parental Leave of Absence
(Available to University Faculty Union)
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- I elect to continue my medical coverage
- I elect to cancel my medical coverage

B. GROUP DENTAL BENEFIT

- I elect to continue my dental coverage
- I elect to cancel my dental coverage

I understand that I am responsible for my regular employee payroll deduction for medical, dental and any voluntary insurance coverage during leaves of absence whether I am **unpaid** or paid status. **If I am in an unpaid status, then I understand that I must pay my regular employee benefit payroll deduction to the University and/or School of Law within 60 days of notification or my insurance coverage will be canceled.** This does not apply to an Academic Leave or Professional Leave absence.

5. Conditions:

1. I will not accept other employment during --T.6 (h)12.2 (e)2 p6 (h)12.2 (e)2.9 (r)8.9 (i)0od (ng)12.7 (1(r)8.2 (o)12f9 (r)8.


