UNIVERSITY of MARYLAND BALTIMORE

Leave of Absence without Pay Request Form

PART I: To be completed by Employee

Name of Employee: _____Employee ID#: _____

Home Address: _____ City: _____ State: ____ Zip Code: _____

Current Department: _____ Job Title: _____

Supervisor's Name: _____ Payroll Representative's Name: _____

A school/department may approve requests for leaves of absence without pay **up to 30 calendar days**. If the request is for more than 30 calendar days the school/department must submit an Employee Action form (ePAF) to the HR Service Center and get final approval from the Human Resources Designee/Leave Management Administrator. Please contact the Benefits team to understand how your leave may impact your health benefits: HRBenefits@umaryland.edu or 410-706-2616

VII - 7.12(A) - UMB POLICY ON LEAVE OF ABSENCE WITHOUT PAY

An eligible employee must hold a regular full-time or regular part-time (50% or more) position, have completed a total of at least twelve (12) months of service at the University of Maryland, Baltimore, have a satisfactory record of work performance, and shall **not** have a record of abuse of accrued leave usage.

Reason for Leave: Provide a detailed explanation below or attach appropriate documentation to this request.
Check One Below:

[] Employees Own Illness [] Family Illness [] Military (Attach a copy of orders)

[] Pregnancy & Child Birth [] Educational [] Other

Date Leave Starts _____ **Expected Return Date** _____

Is this an extension of a current leave? [] Yes [] No If yes, original dates were from to

(Failure to complete the form in its entirety or provide medical verification may result in a delay in processing the request.)

**Failure to return from an approved Leave of Absence without pay by the expected return to work date and in the absence of written notification shall be interpreted as a resignation.*

I have read and understand the policy about leave without pay and certify the above information is true and complete

_____ _____
Employee's Signature **Date**

Part II: To be completed and signed by Supervisor:

[] Approved [] Declined _____ _____
Signature Print Name Date

Part III: To be Reviewed and Signed by Human Resources Designee/Leave Management Administrator

[] Approved [] Declined _____ _____ _____
Signature Print Name Date

Revised 11/2025