

# PENSACOLA STATE COLLEGE

## REQUEST FOR LEAVE WITHOUT PAY

(Refer to Procedure 414 for guidelines)

**ATTENTION: Director, Human Resources**

I, \_\_\_\_\_ of the \_\_\_\_\_ Department, hereby  
request leave without pay effective \_\_\_\_\_ through \_\_\_\_\_ for the following reason:

- |   |   |
|---|---|
| _____ Educational                           | <b>Family and Medical Leave Act (FMLA)</b>                |
| _____ Personal Emergency                    | _____ Birth/Adoption of a Child                           |
| _____ For Reasons of Benefit to the College | _____ Serious Health Condition of Immediate Family Member |
| _____ Other Medical Condition (non-serious) | _____ Serious Health Condition of Employee                |
| _____ Insufficient Leave Balance            | _____ Military Family Leave                               |
| _____ Military Orders                       |   |

**Explanation:** \_\_\_\_\_

I understand I must return to work on the day after this leave expires. If I am unable to work that day, I understand that a new request for leave must be submitted before the expiration date specified above. No automatic renewals will be granted; any additional leave will be at the discretion of the President and the Board.

I understand that the college will continue to pay BCBS medical and basic life insurance premiums for me for 12 weeks. I have the option to pay the Cashier for my dependents BCBS medical premiums and other optional insurance deductions (dental, vision, cancer, disability, etc.) to prevent loss of coverage. I understand that any lapse in coverage will require me or my dependents to re-apply and be subject to the enrollment provisions of the group plan in place at that time should coverage be desired at a later date. Proof of insurability is not required for FMLA leave.

For benefits information or to set-up payment to the Cashier's Office for optional insurance products I understand I must contact Tammy Henderson, HR Director, at [thenderson@pensacolastate.edu](mailto:thenderson@pensacolastate.edu) or (850) 484-1766.

\_\_\_\_\_  
Employee's Signature / Date

\_\_\_\_\_  
Supervisor's Signature / Date

\_\_\_\_\_  
Employee's ID Number

\_\_\_\_\_  
Senior Administrator's Signature / Date

\_\_\_\_\_  
President's Signature / Date