



RUTGERS

UNIVERSITY HUMAN RESOURCES

For legacy UMDNJ Positions

LEAVE OF ABSENCE TRANSACTION FORM

SUPERVISORS: You must complete this form and submit it to the assigned Human Resources Generalist when employees begin their Leave of Absence (LOA). It must also be completed and submitted when employees return from leave. Please advise employees to submit a completed LOA Request Form and required documentation to the assigned Human Resources Generalist.

Last Name: _____ First Name: _____ Middle Initial: _____

Employee ID: _____ Position Title: _____

School / Unit: _____ Department: _____

Type of Leave: _____

LOA Start Date: _____ Estimated Return Date: _____

Extension of Leave First Day of Unpaid Status: _____

Return from LOA Date: _____

NOTE: For LOA for self, medical clearance (doctor's note) must be submitted to Human Resources before returning.

Comments:

Supervisor: _____ Signature: _____ Date: _____

HR Generalist: _____ Signature: _____ Date: _____