

Evanston Campus:
Human Resources
720 University Place
Evanston, IL 60208-1145
Phone (847) 491-7513
FAX (847) 467-4284



Chicago Campus:
Human Resources
710 N. Lake Shore Drive
Chicago, IL 60611-3008
Phone (312) 503-0494
FAX (847) 467-4284

REQUEST FOR UNPAID PERSONAL LEAVE OF ABSENCE

EMPLOYEE INFORMATION:

Name:		Employee ID:	
Last	First	M.I.	
Home Address:			
Street	Apt.	City	State Zip code
Job Title:		Department:	Campus:
Pay Frequency:	Date of Hire:	Campus Phone:	Home Phone:
<input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly			
Last Work Day:		Return to Work Day:	
Date Unpaid Personal Leave of Absence Begins:		Date Unpaid Personal Leave of Absence Ends:	

REASON FOR LEAVE:

Please attach a letter describing the reason you need a personal leave.

EMPLOYEE ACKNOWLEDGEMENT:

If this request is approved, I will return to University employment on the return to work date indicated above. If I do not return to work, my employment will be terminated at the end of the leave. I understand that my job is not legally protected during a personal leave. During an unpaid leave I do not accrue sick leave, vacation, or personal floating holidays and I am not eligible for any paid holidays. I understand that misrepresentation in requesting a Leave of Absence may result in termination of employment.

I am aware that I will only be able to continue health, dental, and/or vision benefits during any unpaid personal leave. In order to continue these benefits during leave, I must complete this form and make arrangements with the Benefits Division for payment of any required premiums during any unpaid portion of my leave. If I elect to continue my benefits while on unpaid leave, I understand that I will owe the same premium amount I have paid while actively at work throughout the duration of my leave. If I waive my benefit coverage during my leave, I understand that I will need to actively reinstate in my benefits within 31 days of returning to work.

Employee Signature:

Date:

APPROVALS & OFFICE OF HR REVIEW:

Supervisor Signature:	Date:
Business Administrator/ Head of Department Signature:	Date:
HR Business Partner Signature:	Date:

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BENEFIT ELECTIONS:

Unless you choose to waive them, all of your benefits, with the exception of the dependent care flexible spending account and the commuter benefit, will continue while on an unpaid personal leave. You will be billed on a monthly basis for your insurance premiums.

If you would like to waive all or some of your benefits while on the unpaid personal leave, follow the steps below:

- 1) Log into the myHR portal at <https://myhr.northwestern.edu>.
- 2) Click on the "Benefits" tile.
- 3) Click on "My Health Benefits Elections" from the menu on the left hand side.
- 4) Click on "Manage/View Your Benefits"
- 5) Click on "Life Event" on the left hand side and follow the rest of the prompts.

***Please note that if you elect to continue or waive coverage, these elections will also apply to any dependents that are covered under your plans.*

****If you elect to waive your coverage but want it when you return from leave, you need to follow the steps above to reinstate your coverage within 31 days of your return. No reminders will be sent.*

* If I chose to waive health care coverage, I acknowledge that Northwestern University offers employer sponsored health care plan coverage and requires all benefits eligible faculty and staff to elect or waive such coverage. I am waiving University sponsored coverage. I acknowledge my full responsibility for medical/hospitalization and outpatient expenses of any kind when incurred and release and discharge Northwestern University, its employees and agents from any obligations I may incur as a result of an illness or injury.

Employee Signature:

Date: