



INNOVATION FOR A HEALTHIER PLANET

# UNE Summer Voluntary Unpaid Personal Time Off Request Form

*See the policy for guidelines and specifics.*

## HOURLY EMPLOYEES ONLY

\_\_\_\_\_ Yes, I would like to take advantage of UNE’s Summer Voluntary Unpaid Personal Time Off Benefit. Please see my selected request for approval below.

**Calendar Year:** \_\_\_\_\_

I would like to reduce my hours every day by \_\_\_\_ hour(s) beginning \_\_\_\_\_ (date) to \_\_\_\_\_(date).

I would like to take the following \_\_\_\_\_specific date(s) completely off.

I would like to take \_\_\_\_\_week(s) off beginning \_\_\_\_\_and ending\_\_\_\_\_.

I understand that I will not be paid for these hours and/or days and the time will be deducted from my regular paycheck. I also understand this will not affect benefit eligibility and my portion of the premiums will continue to be deducted from my pay. If I do not have enough in my paycheck to cover the cost of benefits I will reimburse the University by check at the beginning of each month.

I will promptly notify my supervisor and the Payroll Office of any changes in my planned time off.

\_\_\_\_\_

Employee signature

Date

\_\_\_\_\_

Employee printed name

PRN

\_\_\_\_\_

Supervisor signature approval

Date

Supervisor phone extension

\_\_\_\_\_

Dean/Sr Admin signature approval

Date

Dean/Sr Admin phone extension

**Supervisor submits original approved form to the Payroll Office.**

## UNE Summer Voluntary Unpaid Personal Time Off Request Form

*See the policy for guidelines and specifics.*

### SALARIED EMPLOYEES ONLY

\_\_\_\_\_ Yes, I would like to take advantage of UNE's Summer Voluntary Unpaid Personal Time Off Benefit. Please see my selected request for approval below.

**Calendar Year:** \_\_\_\_\_

I would like to take the following \_\_\_\_\_ specific date(s) completely off. Please note if your unpaid time will be other than 4 (half-time employees) or 8 (full-time employees) hours for each full day off.

I would like to take \_\_\_\_\_ week(s) off beginning \_\_\_\_\_ and ending \_\_\_\_\_.

I understand that I will not be paid for these days and/or weeks and the time will be deducted from my regular paycheck. I also understand this will not affect benefit eligibility and my portion of the premiums will continue to be deducted from my pay. If I do not have enough in my paycheck to cover the cost of benefits I will reimburse the University by check at the beginning of each month.

I will promptly notify my supervisor and the Payroll Office of any changes in my planned time off. As a salaried employee, I understand that I am limited to taking unpaid personal time in increments of full days or full weeks. Due to federal and state regulations, partial day absences under this policy is not permitted for salaried employees.

\_\_\_\_\_  
Employee signature                      Date

\_\_\_\_\_  
Employee printed name                      PRN

\_\_\_\_\_  
Supervisor signature approval                      Date                      Supervisor phone extension

\_\_\_\_\_  
Dean/Sr Admin signature approval                      Date                      Dean/Sr Admin phone extension

**Supervisor submits original approved form to the Payroll Office.**