

MEMORANDUM

SOUTHEAST MISSOURI STATE UNIVERSITY

TO: Human Resources

FROM: CHAIRPERSON'S OR SUPERVISOR'S NAME
DEPARTMENT

DATE: DATE

RE: Personnel Action Needed for EMPLOYEE NAME(S)

Please process the personnel action detailed below. The appropriate signatures have been obtained at the bottom of this request. If you have any questions or need any additional information, please feel free to contact me. Thank you.

LEAVE OF ABSENCE (LOA) WITHOUT PAY

Employee Name: ENTER NAME _____

Employee ID: ENTER ID _____

Employee's Position #: ENTER EMPLOYEE'S POSITION NUMBER _____

Department Index: ENTER DEPARTMENT INDEX NUMBER _____

Effective Date: DATE LOA BECOMES EFFECTIVE _____

Action: 00017 (LOA Without Pay) _____

LOA Return Date: PROJECTED DATE OF RETURN FROM LOA _____

LOA Reason: DESCRIBE THE REASON FOR THE LOA _____

Explanation: PROVIDE ANY OTHER INFORMATION TO WHICH YOU ARE REQUESTING CHANGES _____

PREPARED BY:

Name (Please Print)

Extension

SIGNATURES:

Supervisor

Date

Department Head/Director or Department Chair

Date

Dean or Administrative Director

Date

Vice President or Provost

Date

HR WILL OBTAIN IF NEEDED:

Equity Issues

Date

Budget Office

Date

Position Number

Suffix

Grants Officer

Date

Position Number

Suffix

**PLEASE MAIL THIS COMPLETED AND SIGNED FORM TO
CARMEN MCNEELY, HUMAN RESOURCES, MAIL STOP 3150.
THANK YOU!**