

**THIS FORM MUST BE COMPLETED & HR APPROVAL OBTAINED PRIOR TO  
LEAVE BEING TAKEN**

# Request for Special Leave

## HR P&P #85.0 Special Leaves

Date:

Subject: Special Leave Request

The department of \_\_\_\_\_ is requesting a special leave for the following employee.

Name:

Date of Hire:

Position Title:

Dates: Leave to begin

Anticipated Date of Return:

Pay:

Reason for Request:

**\*\*If Medical, must have Physician statement which states an anticipated return date\*\***

Comments/Any relevant information/i.e. reason for FMLA:

While the employee is out with special leave, this is how coverage will be provided:

(Supervisor of Position) (Print Name)

(Signature)

(Date)

(Manager/Director) (Print Name)

(Signature)

(Date)

(Administrator/ACNE) (Print Name)

(Signature)

(Date)

(Senior Leadership Member) (Print Name)

(Signature)

(Date)

(VP Hospital Operations) (Print Name)

(Signature)

(Date)

Please forward to [ukhcspecleave@uky.edu](mailto:ukhcspecleave@uky.edu) and **include all supporting documents.**