





PTO Leave of Absence Request Form

How to complete this form:

This form is for USA Health employees only.

Under Employee Information, enter your contact information. Do not leave any section blank. Communications will be sent via email. Email address is required.

Under Leave Information, answer all questions. Leave start date and end date are required.

You must make an election for all pay applicable statements.

Sign and date your form. Electronic signatures are accepted.

Forward the completed form to your supervisor. Supervisor's signature is required under Acknowledgement of Request. Electronic Signatures are accepted.

The completed form, with supervisor's signature, must be emailed to [OHDYHRIDEVHQFUHTXHVVV#KHDOWK VRXWK](mailto:OHDYHRIDEVHQFUHTXHVVV#KHDOWKVRXWK)

The Human Resources Office will communicate with you via regular mail and/or email regarding the required supporting documentation. Any documentation can be emailed back to Human Resources.

For additional information please visit:

<https://www.southalabama.edu/departments/financialaffairs/hr/leavepolicies.html>

For additional questions and guidance contact:

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