**TO:** <<Employee Name>>, <<Employee Title>>

**FROM:** << Dept Head or Director>>

**SUBJECT:** Request for Leave of Absence Unpaid

**DATE:** <<Date>>

Your request for an unpaid leave of absence for the period <<Start Date>> to <<End Date>> for << Reason for Request >> has been granted by Liesl Folks, Senior Vice President for Academic Affairs and Provost.

In accordance with University benefit policies and procedures, eligible employees may arrange for continuation of health benefits. Continuation of coverage upon completing the University specified leave periods is available through the Consolidated Omnibus Budget Reconciliation Act (COBRA). Please contact the Leave Management unit of Human Resources at 621.8298 or 626.1708 to arrange for continuation of benefits.

Under the terms of this leave, I will expect your return to work on the first business day following the end of the leave. If circumstances arise that will prevent your return on that date, please contact me as soon as possible for further review.

Cc: Human Resources Leave Management

USB 217

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