



GRADUATE ASSISTANT UNPAID LEAVE FORM

Please email, fax, or mail this form to the Graduate School
 Fax: 3523 Email: graduateschool@siue.edu Box: 1046

NAME	BANNER ID	AIS BUDGET PURPOSE #	PREPARED BY	EXT
------	-----------	----------------------	-------------	-----

For all options, please attach a justification letter explaining the reason the student is being placed on unpaid leave.	
LEAVE CATEGORY	EXPLANATION OF USE
<input type="checkbox"/> BEREAVEMENT	For bereavement leave above what the GA leave policy allows.
<input type="checkbox"/> MEDICAL/ILLNESS	For sick leave above what the GA leave policy allows.
<input type="checkbox"/> OTHER	Please explain in attachment.
** Please reference the "Sick and Bereavement Leave" section of the GA Handbook for information on how GA paid sick leave is calculated. This form should only be used for excess leave, above what the GA has accrued.	

TIME FRAME	
Starting Date: _____	Estimated Return Date: _____
EMPLOYEE REMAINS OFF PAYROLL UNTIL THE UNIT NOTIFIES THE GRADUATE SCHOOL	
When notifying the Graduate School, please be sure to include the number of hours the student missed.	

IMPORTANT INFORMATION

Tuition Waiver
 Unpaid leave will be deducted from the total amount of time required to earn a tuition waiver. GA's must work at least 12 weeks in the fall/spring and 8 weeks in the summer to earn the waiver. If the GA does not work the required amount of time they will be charged the full amount of their tuition.

Payroll
 If the unpaid leave form is submitted during a payroll hold period or after the student has already taken the leave, the student may be overpaid or underpaid. The excess/shortage will be corrected the following pay period. **Please contact the Graduate School immediately when the student returns to work.**

If the student is unavailable to sign, the supervisor may write "unavailable for signature" on the student signature line.

_____ Signature of Student (if available)	_____ Date
--	---------------

REQUESTED:

Supervisor _____	Date _____
Fiscal Officer _____	Date _____
Fiscal Officer _____	Date _____

APPROVED:

Graduate School Dean _____	Date _____
----------------------------	------------

OFFICE USE

POSITION #	DATE RETURNED	# Of Hours Missed	NOTIFIED BY	DATE	GRANT ACC. NTFD	APPROVED BY