

**GRADUATE ASSISTANT REQUEST FOR LEAVE OF ABSENCE**

**Note that this form is unrelated to FMLA and not intended as an application for FMLA**

\_\_\_\_\_  
School or College

/

\_\_\_\_\_  
Department Name

**Graduate Student Assistant Leave of Absence (Applies only to GSAs)**

Reference Article XI, F of the GEOC-AFT Contract: Graduate Student Assistants are entitled to three (3) days per semester of sick leave while on contract. One of these days annually may be used for personal leave day, which must be scheduled in advance with the concurrence of the GSA’s supervisor. A Graduate Student Assistant must notify his/her immediate supervisor and division or department chair as soon as possible, and not later than the morning of any day in which he/she is taking a day of sick leave

\_\_\_\_\_  
Graduate Student Assistant’s (GSA’s) Name

\_\_\_\_\_  
Access ID

Current Contract Ends: \_\_\_\_\_

Requested Personal Day of Absence: \_\_\_\_\_

GSA’s signature: \_\_\_\_\_

GSA supervisor’s name and signature: \_\_\_\_\_

.....  
**Graduate Assistant (GTA, GSA, GRA) Parental Leave of Absence**

Reference Article XI, K of the GEOC-AFT Contract.

Note that the request for a parental leave of absence must be submitted no later than four (4) weeks prior to the schedule start of the leave. The Parental Leave of Absence should not exceed eight (8) weeks.

\_\_\_\_\_  
Graduate Assistant’s (GTA, GSA, GRA) Name

\_\_\_\_\_  
Access ID

Current Contract Ends: \_\_\_\_\_

Anticipated date of birth or the date the adopted child will join the family: \_\_\_\_\_

Date that the Leave is requested to begin if after the above date: \_\_\_\_\_

Graduate Assistant’s signature: \_\_\_\_\_

GA’s supervisor’s name and signature: \_\_\_\_\_

***Please return the completed form to the Business Affairs Officer of your School or College.***