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**Memorandum of Understanding**

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employee Name)

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Appointing Authority)

SUBJECT: Leave Request

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is a Memorandum of Understanding (MOU) regarding your leave request which does not meet eligibility requirements for the Family Medical Leave Act. The following is a summary of your request and a breakdown of eligible hours of sick or annual leave to be applied in your absence.

1. Your requested leave period will begin: DATE
2. You have NUMBER OF HOURS of sick leave accrual in combination with NUMBER OF HOURS your annual leave accrual. These accruals will be applied until exhausted on this DATE at which point you will enter into leave without pay (if applicable)
3. Your leave without pay will begin/began on DATE. (if applicable)
4. Your requested leave period will end: DATE

During the period of paid leave benefit deductions will be taken from your paycheck as normal.

During periods of unpaid leave the department will pay its share and Payroll/Benefit Service

Center will notify you as to paying your share. If you have questions regarding this please call

Employee Service (303-860-4200)

This MOU is agreed upon this date of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approving Authority (Chair, Dean, Vice Chancellor, AVC)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee