Prepared by:	
Date:	Ext:

SUMMER LEAVE

Personnel Action Form

Employee ID#: (Service Center assigned)	

Name: (Last, First, MI)	
(**Only if different or changing**) Address 1	
Address 2	
City, State & Zip	

JOB INFORMATION:			
Action/Reason:	Start of Summer Leave :	Return from Summer Leave :	
Div/School:	A & S		
Department:		Department #:	

While out on Summer Leave your benefits will go into arrears, when returning you will have double deduction until the arrears amount has been satisfied. Any compensation received will have deductions and arrears taken.

REMARKS:

Department Head/Supervisor Date

Faculty Affairs Officer (For Faculty Only) Date

Budget Center Director Date

Please send the signed original directly to the Tufts Support Services

Revised 9/13