



REQUEST FOR LEAVE OF ABSENCE – PROFESSIONAL STAFF

PART I APPLICATION: Please complete Part I only. Forward four copies to your Dean or Director		
NAME:	PAYROLL TITLE:	
SOCIAL SECURITY NUMBER: XXX-XX-	CURRENT SALARY:	
DEPARTMENT:	YEARS AT COLLEGE:	
REQUEST FOR	TERMS AND CONDITIONS OF LEAVE	DURATION
<input type="checkbox"/> SICK LEAVE	<input type="checkbox"/> from sick leave accruals <input type="checkbox"/> with _____% of pay (after exhaustion of accruals) <input type="checkbox"/> without pay	From _____ To _____
<input type="checkbox"/> SABBATICAL LEAVE	<input type="checkbox"/> full pay (limited to one session or one-half year) <input type="checkbox"/> half pay (up to one year)	Session: <input type="checkbox"/> Fall <input type="checkbox"/> Spring From _____ To _____
<input type="checkbox"/> OTHER LEAVE	<input type="checkbox"/> with _____% of pay (requires Chancellor's approval) <input type="checkbox"/> without pay	From _____ To _____
<input type="checkbox"/> DISABILITY LEAVE	After exhaustion of <i>all</i> leave accruals (Consult with Office of Human Resources for details)	From _____ To _____
<input type="checkbox"/> MILITARY LEAVE	Pursuant to the New York State Military Law, an employee is eligible for leave(s) of absence with pay for "ordered military duty" for up to thirty days in a calendar year.	From _____ To _____
FOR SABBATICAL LEAVES	Please include a statement outlining the program to be followed while on leave indicating any prospective supplementary income and also indicate if your home would be available for rent to visiting faculty members. Please also initial each statement below to indicate your agreement.	
	_____ 1. I intent to continue as a member of the professional staff upon my return from leave.	
	_____ 2. I will submit a detailed report of my professional activities and accomplishments while on leave to the President upon my return.	
SIGNATURE OF APPLICANT:	DATE:	
PART II TO BE COMPLETED BY APPROPRIATE OFFICERS AT THE COLLEGE		
DEAN/DIRECTOR _____	<input type="checkbox"/> Approved:	
DATE _____	<input type="checkbox"/> Load absorbed <input type="checkbox"/> Substitute Necessary <input type="checkbox"/> Additional Funds Required (Explain)	<input type="checkbox"/> Disapproved
VICE PRESIDENT _____		
DATE _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
PART III TO BE COMPLETED BY PRESIDENT		
PRESIDENT _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
DATE _____		