Office of Human Resources
Levermore Hall
Room 203 – P.O. Box 701
One South Avenue
Garden City, NY 11530

Application for Leave of Absence

I am requesting a Personal Leave of Absence for the following reason:
(University reserves the right to require documentation.)

_____
_____
_____

I understand that this request is subject to the approval of the Office of Human Resources, is without pay and is for a maximum duration of four (4) weeks.

I am requesting consideration of a Personal Leave of Absence from _____ through _____.
If applicable, I understand that I am responsible for paying the University for my group Health and Welfare benefits to ensure that they will continue through the time of this leave. (Contact the Office of Human Resources for details.)

I understand that I must contact the Office of Human Resources ten (10) working days prior to my expected return date to confirm my return to work.

I understand that I must report directly to the Office of Human Resources for reinstatement. Failure to report on the expected date of return will be viewed as reason to believe that I am not returning to work, and will result in termination of my employment.

By signing below, and returning this form to the Office of Human Resources I am confirming my acceptance of the foregoing arrangement.

Print Name	Employee Signature	Date

Print Name	Supervisor Signature	Date

For the Office of Human Resources:

Leave of Absence has been:

_____ Approved _____ _____
Signature Date

_____ Declined _____ _____
Signature Date