

**State University of New York College at Fredonia Human
Resources Office, 5th Floor, Maytum Hall, Tel: 673-3434**

REQUEST FOR LEAVE OF ABSENCE

PLEASE PRINT OR TYPE

PART 1 - EMPLOYEE

Last Name _____ First Name _____ MI _____ Suffix _____
 Home Address _____ City & State _____ Zip Code _____

Position:	Affiliation: CSEA, PEF, UUP, MC, Cou 82	Department:	Bldg:	Phone:
Supervisor's Name: (Last, First)		Department:	Bldg:	Phone:

LEAVE OF ABSENCE INFORMATION

Employee: Complete the following sections as appropriate. Where referenced, see explanation of "Notes" on reverse of this form. Be sure to sign and date accordingly.

<input type="checkbox"/> New	Leave of absence requested for:	<input type="checkbox"/> Maternity/Child Care (Notes 1, 2, 3) <input type="checkbox"/> Disability (Other than Maternity) (Notes 1, 2, 3) <input type="checkbox"/> Placement Adoption/Foster Care (Notes 1, 3) <input type="checkbox"/> Seriously ill spouse/child/parent (notes 1, 3) <input type="checkbox"/> Military (Attach Orders) <input type="checkbox"/> Other (Specify reason in remarks) <input type="checkbox"/> Title F (Note 4)	Accruals Requested (Notes 5, 6)
<input type="checkbox"/> Extension			
Date of Departure			
Date of Return			

Remarks or other relevant information (Note 7)

Employee Signature _____ Date _____

PART II - SUPERVISOR

Recommend Approval
 Recommend Disapproval for the following reason(s):

Remarks or other relevant information (Note 7)

Supervisor's Signature and Title _____ Date _____

Distribution: Submit original request with substantiating documentation and required signatures to the College Human Resources Office, 5th Floor, Maytum Hall at least two weeks prior to requested departure date.

PART III - HUMAN RESOURCES OFFICE

Approved for the period _____ through _____. See Note 8 on reverse. See the enclosure(s) for information regarding your entitlement to continuation of benefits during this leave of absence. It is your responsibility to comply with any instructions contained within.
 Disapproved. Reason: _____

Other:

Signature and Title _____ Date _____

Distribution: White - Employee Department Vice President Human Resources