

**State University of New York College Maritime College
Human Resource Services, 2nd Floor, McMurray Hall**

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, Council 82	Department:	Phone:
Supervisor's Name: (Last, First)		Department:	Phone:

LEAVE OF ABSENCE INFORMATION

Employee: Complete the following sections as appropriate. Be sure to sign and date accordingly.

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

Remarks or other relevant information

Employee Signature _____ Date _____

PART II - SUPERVISOR

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

Remarks or other relevant information

Supervisor's Signature and Title _____ Date _____

Distribution: Submit original request with substantiating documentation and required signatures to the Office of Human Resource Services at least two weeks prior to requested departure date.

PART III - HUMAN RESOURCES OFFICE

Approved for the period _____ through _____. 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