

Office of Human Resources 1419 Salt Springs Road Phone: 315.445.4155

Fax: 315.445.6023

Leave of Absence Request Form Employee's Name: Position: _____ Dept: _____ Type of Leave Requested: Sabbatical - One Semester Military Other Sabbatical - Full Year Unpaid Leave of Absence FMLA (unpaid leave; must meet requirements; maximum of 12 weeks) *For FMLA Certification of Health Care Provider for Employee or Family Member's Serious Health Condition form is required (http://www.dol.gov/whd/fmla/) Dates of Leave: From: ______ to _____ Last day worked: _____ Reason for Leave: I understand the granting of such a leave is dependent upon the work load of the department to which I am assigned and the approval of my department supervisor. Employee's Signature: ______ Date: _____ Approved ☐ Disapproved Supervisor's Signature: ______ Date: _____ Vice President's Signature: _____ Date: _____ HR's Signature: _____ Date: _____ Reason(s) for disapproval: ____