

## APPLICATION FOR PERSONAL EMERGENCY LEAVE

[INSTRUCTIONAL STAFF ONLY]

**INSTRUCTIONS:** To be completed by staff member and reviewed by Department Chair or Unit Director, and Dean/Department Head.

Name \_\_\_\_\_ SSN# (last 4 digits): \_\_\_\_\_

Department \_\_\_\_\_ Title \_\_\_\_\_

I hereby apply for a special leave for personal emergency for the period \_\_\_\_\_  
to \_\_\_\_\_. In accordance with the pertinent provisions of the Bylaws of the Board of  
Trustees, the reason for the request is:\*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**Recommendation of Department Chair or Unit Director:** ☐ Approved ☐ Disapproved

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Recommendation of Dean/Department Head:** ☐ Approved ☐ Disapproved

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Recommendation of President:** ☐ Approved ☐ Disapproved

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

### **FOR COLLEGE OFSR USE:**

Total personal leave days this academic year \_\_\_\_\_

**OFSR Executive Director:** \_\_\_\_\_

Signature

\_\_\_\_\_  
Date

\*In general, leaves should be restricted to the following: death or serious illness of a member of the immediate family; court proceedings (other than jury duty); and unforeseen emergencies. (Bylaw Sect. 13.3)