



PERSONAL LEAVE OF ABSENCE REQUEST FORM

Name: _____ Rowan ID: _____ Ext: _____
Last First MI
Date of Hire: _____ Email: _____ Home phone: _____
Department: _____ Supervisor: _____

I am requesting leave for the following time period:

Leave Begin Date: _____ Leave End Date: _____

Phone number where you can be reached while on leave: _____

I understand this Personal Leave of Absence is without pay. I am responsible for the full cost of health and prescription benefits while on leave without pay, and payment for benefits covering the length of the leave are due at the beginning of the leave.

Employee Signature: _____ Date: _____

Dept. Head - Please indicate whether or not leave is approved (due to department constraints). Leave will not be unreasonably denied. _____ Approved _____ Denied

Supervisor Signature: _____ Date: _____

Dept. Head Signature: _____ Date: _____

Dean Signature: _____ Date: _____
(if applicable)

This request for leave has been fully reviewed and documented.

_____ Approved _____ Denied

HR/Benefits Office Signature: _____ Date: _____

Cc: Supervisor
Dept. Head