

WELLESLEY COLLEGE APPLICATION FOR PERSONAL LEAVE OF ABSENCE

To be completed by employee:

Date: _____ Banner ID: _____

Name: _____ Position: _____

Address: _____
City State Zip

Home Telephone #: _____ Department: _____ Ext. #: _____

Address while on leave: _____
City State Zip

Dates of leave requested from: _____ through _____

I understand that to apply for leave I must provide the information noted above and that if I fail to return to work when this leave expires, it will be considered a voluntary resignation from Wellesley College.

Applicant's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Forms to be returned to: Wellesley College Human Resources
Attn: Benefits Coordinator
106 Central Street
Wellesley, MA 02481

THE ABOVE INFORMATION IS AS CONFIDENTIAL AND WILL BE USED SOLELY FOR DETERMINATION OF LEAVE ELIGIBILITY.