

**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 <input type="checkbox"/> Extension Date of Departure _____ Date of Return _____	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"/> Sick <input type="checkbox"/> Vacation <input type="checkbox"/> Personal Leave <input type="checkbox"/> Compensatory Time <input type="checkbox"/> Holiday Compensatory Time
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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