

APPLICATION FOR LEAVE FOR SPECIAL PURPOSES

To be completed by staff member, and approved by the appropriate Chair/Unit Head, Dean, or Vice President. The approved application should be forwarded to the Office of Human Resources.

Name: _____ SSN [Last 4 Digits]: _____

Department: _____

I apply for a special purposes leave for the time period: _____

My reason for this request is:

Signature of Applicant Date

APPROVALS

Chair/Unit Head/Dean/Vice President Date

<u>For Office of Human Resources Use</u>		
Recommended Approval	YES	NO
Total leave days used this academic year	_____	
Date	Signed _____	
	HR Director/Designee	

* In general, leaves should be restricted to the following: Death or serious illness of a member of the immediate family, court proceedings, medical care that cannot be obtained other than work time, and similar emergencies.

* Please provide copy of certified death certificate

* Please provide copy of jury duty proof of service