

APPLICATION FOR PERSONAL EMERGENCY LEAVE

INSTRUCTIONS: To be completed by staff member and reviewed by department chair and academic dean/unit head.

Name _____ Soc. Sec. No. _____

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 _____ Approved
_____ Disapproved _____
Signature Date

Recommendation of academic dean/unit head _____ Approved
_____ Disapproved _____
Signature Date

Recommendation of president _____ Approved
_____ Disapproved _____
Signature Date

FOR COLLEGE HUMAN RESOURCES USE:

Total personal leave days this academic year _____

Human Resources 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. 13.5**