

APPLICATION FOR PERSONAL EMERGENCY LEAVE
[INSTRUCTIONAL STAFF ONLY]

INSTRUCTIONS: To be completed by staff member and reviewed by Department Chair or Unit Director, and Dean/Department Head.

Name _____ SSN# (last 4 digits): _____

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 or Unit Director: Approved Disapproved

Signature _____ Date _____

Recommendation of Dean/Department Head: Approved Disapproved

Signature _____ Date _____

Recommendation of President: Approved Disapproved

Signature _____ Date _____

FOR COLLEGE OFSR USE:

Total personal leave days this academic year _____

OFSR Executive 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. 13.3)