

SUNY POTSDAM REQUEST FOR LEAVE OF ABSENCE

Name _____

Department _____ Title _____

Home Address _____

Home Phone _____ Line Number _____

I am requesting leave for the period Beginning (date) _____ Ending (date) _____

TYPE OF LEAVE BEING REQUESTED

_____ Leave With Pay

_____ Leave With Half Pay

_____ Leave Without Pay

_____ Other, Please explain _____

Employee Signature Date

Recommendation: Approve Leave Disapprove Leave

Supervisor's Signature Date