

Non-Teaching Instructional Staff Application for Special Leave for Personal Emergency Confidential

Date: _____

INSTRUCTIONS: To be completed by staff member and reviewed by Executive Officer/Head of Office, Senior Vice President for Finance and Administration, and Provost then forwarded to the President for approval. Please submit to the Office of Human Resources after all necessary signatures are received.

Name _____ Campus Start Date: _____

Department _____ Title _____

I hereby apply for a special leave for personal emergency for the period _____
to _____.

In accordance with pertinent provisions of the Civil Service Regulations, the reason for the request is:*

Employee's Signature _____ **Date** _____

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Recommendation of the Executive Officer/
Head of Office Approve _____ Signature _____
 Disapprove _____ Date _____

Recommendation of the Sr. V.P. for Finance and
Administration Approve _____ Signature _____
 Disapprove _____ Date _____

Recommendation of the Provost Approve _____ Signature _____
 Disapprove _____ Date _____

Recommendation of the President Approve _____ Signature _____
 Disapprove _____ Date _____

<u>For Human Resources Office Use:</u>	
Total personal leave days this academic year _____	
Signature _____	Date: _____
Title _____	

* 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 similar unforeseen emergencies.