DUTCHESS
COMMUNITY COLLEGE
LEAVE OF ABSENCE FORM

SECTION I. EMPLOYEE INFORMATION

Employee Name: ____________________________

Last Name: ___________________ First Name: ___________________ MI: __________

Employee A #: _________________ Department: ___________________ Phone #: _________________

Employee’s Signature: ___________________ Date: _________________

SECTION II. LEAVE INFORMATION

Begin Leave of Absence on: _________________ Return from Leave of Absence on: _________________

CHOSE ALL THAT APPLY:

☐ Own Serious Health Condition ☐ General Leave Without Pay ☐ Military

☐ Birth/Adoption of a Child ☐ On-the-Job Injury/Illness ☐ Service Member Caregiver

☐ Serious Health Condition (Family) ☐ Bereavement (specify relationship below) ☐ Military Exigency

☐ Sabbatical ☐ Jury Duty/Court Subpoena ☐ Extension of Approved Leave

FURTHER EXPLANATION (when required): ____________________________

________________________________________________________

________________________________________________________

SECTION III. HR RECOMMENDATION & AUTHORIZATION

HUMAN RESOURCES RECOMMENDATION: COMMENTS:

☐ Approved

☐ Approved with following modification:

☐ Unapproved for following reason:

Approved Signatory: ___________________ Date: _________________

Print Name: ____________________________

Please return this form to: Office of Human Resources Management - Bowne 220
Dutchess Community College
53 Pendell Road Poughkeepsie, NY 12601