

**D U T C H E S S**  
**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: \_\_\_\_\_  
*MM/DD/YY* *MM/DD/YY*

**CHOOSE ALL THAT APPLY:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Own Serious Health Condition      | <input type="checkbox"/> General Leave Without Pay                | <input type="checkbox"/> Military                    |
| <input type="checkbox"/> Birth/Adoption of a Child         | <input type="checkbox"/> On-the-Job Injury/Illness                | <input type="checkbox"/> Service Member Caregiver    |
| <input type="checkbox"/> Serious Health Condition (Family) | <input type="checkbox"/> Bereavement (specify relationship below) | <input type="checkbox"/> Military Exigency           |
| <input type="checkbox"/> Sabbatical                        | <input type="checkbox"/> Jury Duty/Court Subpoena                 | <input type="checkbox"/> Extension of Approved Leave |

**FURTHER EXPLANATION** (when required): \_\_\_\_\_

**SECTION III. HR RECOMMENDATION & AUTHORIZATION**

**HUMAN RESOURCES RECOMMENDATION:**

- Approved
- Approved with following modification:
- Unapproved for following reason:

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Authorized Signatory Date

\_\_\_\_\_  
Print Name

**Please return this form to:**

**Office of Human Resources Management - Bowne 118  
Dutchess Community College  
53 Pendell Road, Poughkeepsie, NY 12601**