

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 220
Dutchess Community College
53 Pendell Road Poughkeepsie, NY 12601