

STATE UNIVERSITY OF NEW YORK at OSWEGO
REQUEST FOR LEAVE OTHER THAN SABBATICAL

Date: _____

Name: _____ Rank: _____

Department: _____ Date of Initial Appointment: _____

COMPLETE SECTION WHICH APPLIES TO THE TYPE OF LEAVE REQUESTED

LEAVE WITHOUT PAY: From _____ To _____

See Article XII, Title F, Sections 1-3 of the *Policies of the Board of Trustees* (link from: <http://www.suny.edu/about/leadership/board-of-trustees/>). The applicant is required to attach a detailed statement describing his/her planned activities during the period of leave and the value of these activities to the applicant and the University. Changes in planned activities must be submitted to the chief administrative officer or designee for approval.

OTHER LEAVES: From: _____ To: _____

See Article XII, Title F, Sections 1-3 of the *Policies of the Board of Trustees* (link from: <http://www.suny.edu/about/leadership/board-of-trustees/>). The applicant is required to attach a detailed statement describing his/her planned activities during the period of leave and the value of these activities to the applicant and the University. Changes in planned activities must be submitted to the chief administrative officer or designee for approval.

SICK LEAVE: From: _____ To: _____

See Article XII, Title F, Sections 1-3 of the *Policies of the Board of Trustees* (link from: <http://www.suny.edu/about/leadership/board-of-trustees/>). The applicant is required to attach a detailed statement describing his/her planned activities during the period of leave and the value of these activities to the applicant and the University. Changes in planned activities must be submitted to the chief administrative officer or designee for approval.

APPLICANT'S SIGNATURE: _____ DATE: _____

DEPARTMENT CHAIR RECOMMENDATION: _____ DATE: _____

DEAN'S RECOMMENDATION: _____ DATE: _____

PROVOST'S APPROVAL: _____ DATE: _____

PRESIDENT'S APPROVAL: _____ DATE: _____