

**REQUEST FOR LEAVE OF ABSENCE FORM
SOUTHERN UNIVERSITY SYSTEM**

CAMPUS: SUS _____ SUBR _____ SULAC _____ SUAREC _____ SUNO _____ SUSLA _____

Name of Employee: _____ SSN: _____

Address: _____ Phone: _____

Title: _____ Highest Degree: _____

Birth Date: _____

NO. OF CONSECUTIVE FISCAL YEARS ACTIVE SERVICE AT THIS INSTITUTION: _____

EFFECTIVE DATE OF LEAVE: _____ **ANTICIPATED RETURN DATE:** _____

Purpose of leave Requested (click one):

- a. Professional or Cultural Improvement (Must have prior approval from Chancellor) _____
- b. Rest and Recuperation (Statement from two (2) physicians* must be attached) _____
- c. Independent Study or Research Statement _____
- d. Military _____
- e. Maternity (Statement from one (1) physician* must be attached) _____

*must be attending physician

TYPE OF LEAVE REQUESTED (check one):

- a. with pay _____
- b. without pay _____

LENGTH OF LEAVE REQUESTED: (No. of weeks, not to exceed 36 weeks) _____

MANNER IN WHICH THIS LEAVE, IF GRANTED, WILL BE SPENT:

DO YOU WISH TO RETAIN FRINGE BENEFITS? (if yes, total contribution of premium must be paid to Human Resources/Comptroller's Office in Advance)

Teacher Retirement	Yes _____	No _____
State Retirement	Yes _____	No _____
Group Insurance	Yes _____	No _____
Elected Supplemental Benefits	Yes _____	No _____

I hereby agree to comply with the provisions of the Southern University Board of Supervisors' policy on leaves of absence.

DATE

SIGNATURE OF APPLICANT

PRIOR LEAVE RECORD FROM THIS INSTITUTION:

Date of Last Leave: _____
Purpose of Last Leave: _____

TYPE OF LAST LEAVE:

With pay _____ Amount: _____
Without Pay _____
Length of last leave: _____

Signature of Chairperson

Signature of College Dean

Signature of Chief Academic Officer

Signature of Campus Chancellor

Signature of System President

DATE

DATE

Signature of Appropriate Committee Chairperson

Signature of Chairman of the Board

Date

Date