

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