

SUNY CORTLAND
APPLICATION FOR TITLE F, LEAVE OF ABSENCE
FOR ACADEMIC FACULTY AND PROFESSIONALS

I. EMPLOYEE SECTION:

Name:	Dept:
Rank or Title:	Continuing or Permanent Appointment (Yes or No)

PURPOSE OF TITLE F LEAVE (check the type of leave being requested):

<input type="checkbox"/>	Professional Development
<input type="checkbox"/>	Acceptance of outside assignment (w/other institutions, government agencies, foreign nations, private foundations, corporations and similar agencies as a faculty member, expert, consultant or in a similar capacity)
<input type="checkbox"/>	Other appropriate purposes consistent w/needs and interest of the College
<input type="checkbox"/>	Child care (w/o salary) – Please contact Human Resources for additional information

PAY STATUS :

Please indicate pay status you are requesting:
Please indicate any payment you expect to receive from other sources while on leave:

DATES OF LEAVE:

Start date	
End date	

I have attached a full explanation outlining my plans for this leave. If this request is for a full- or partial-paid leave, I will submit a report of my accomplishments to my immediate supervisor and the appropriate Vice President of the College.

Applicant _____
Date

II. CHAIR/IMMEDIATE SUPERVISOR SECTION:

- If this leave request is endorsed, please attach a statement of how you propose to meet the demands of the department.
- If this leave request is not endorsed, please attach an explanation.

III. RECOMMENDATIONS:

	Approve	Deny	Signature	Date
Chair/Immediate Supervisor				
Dean/Director				
Provost/VP				

After each level of review, copies of form should be provided to employee and each prior level of review. After final recommendation, forward to President's Office for final determination and letter, with copy to Human Resources.