



**PERSONAL LEAVE OF ABSENCE REQUEST FORM**

Name: \_\_\_\_\_ Rowan ID: \_\_\_\_\_ Ext: \_\_\_\_\_  
Last First MI

Date of Hire: \_\_\_\_\_ Email: \_\_\_\_\_ Home phone: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

I am requesting leave for the following time period:

Leave Begin Date: \_\_\_\_\_ Leave End Date: \_\_\_\_\_

Phone number where you can be reached while on leave: \_\_\_\_\_

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I understand this Personal Leave of Absence is without pay. I am responsible for the full cost of health and dental benefits while on leave without pay, and payment for benefits covering the length of the leave are due at the beginning of the leave.

\_\_\_\_\_ I wish to continue my benefits while on leave of absence  
\_\_\_\_\_ I DO NOT wish to continue my benefits while on leave of absence

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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To Dept. Head - Please indicate whether or not leave is approved (due to department constraints).  
Leave will not be unreasonably denied. \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provost/VP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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This request for leave has been fully reviewed and documented.  
\_\_\_\_\_ Approved \_\_\_\_\_ Denied

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Internal Use Only:* Recorded: \_\_\_\_\_ Benefits \_\_\_\_\_ HRIS

Cc: Supervisor, Department Head