



## SICK 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 am requesting a Sick Leave of Absence: **Please indicate how you wish to use time balances**  
\_\_\_\_\_ with pay using: Only earned \_\_\_\_\_ sick \_\_\_\_\_ vacation \_\_\_\_\_ AL \_\_\_\_\_ comp. time **OR**  
\_\_\_\_\_ with pay using: All earned/unearned\* \_\_\_\_\_ sick \_\_\_\_\_ vacation \_\_\_\_\_ AL \_\_\_\_\_ comp. time  
\_\_\_\_\_ without pay

I understand medical documentation supporting this leave request is required to be submitted. If this leave is without pay, I understand I am responsible for paying the premium for health and dental coverage for up to three months. If the unpaid leave is extended beyond three months, I am responsible for the full cost of health and dental benefits while on leave without pay.

\* Leave time does not accrue during a leave of absence without pay. For every month without pay, leave balances will be prorated and may require reimbursing the University for any overpayment. If I do not return from sick leave and unearned time has been used, I may be responsible for reimbursing the University for any payment of unearned time.

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

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To Dept. Head - Please sign and return form to Human Resources. To ensure that all timesheets are properly coded contact Payroll for proper leave codes.

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

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

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

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This request for leave has been fully reviewed and documented as

\_\_\_\_\_ Paid \_\_\_\_\_ Unpaid; effective \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

HR/Benefits Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Cc: Supervisor, Department Head

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