Rowan University

PERSONAL LEAVE OF ABSENCE REQUEST FORM

Name: _____ Rowan ID: _____ Ext: _____
Last First MI

Date of Hire: _____ Email: _____ Home Phone: _____

Department: _____ Supervisor: _____

Purpose of Leave: _____

_____

Requested leave period: Leave Begin Date: _____ Leave End Date: _____

Phone number where you can be reached while on leave: _____

I understand this Personal Leave of Absence is without pay. I am responsible for the full cost of health and dental benefits while on a 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 by benefits while on a personal leave of absence
____ I DO NOT wish to continue my benefits while on personal leave of absence

Employee Signature: _____ Date: _____

Department Head Use: Please indicate whether or not this personal leave is approved (due to department constraints). Approved: _____ Denied: _____

Supervisor Signature: _____ Date: _____
Dept. Head Signature: _____ Date: _____
Dean Signature: _____ Date: _____
Provost / VP Signature: _____ Date: _____

HR Use Only: This request for leave has been fully reviewed and documented.
Approved: _____ Denied: _____

Human Resources Signature: _____ Date: _____

Human Resources, Oak Hall South, 201 Mullica Hill Road, Glassboro, NJ 08028-1702
Phone: (856) 256-4134 · Fax: (856) 256-4714