

THE GRADUATE SCHOOL & UNIVERSITY CENTER
Instructional Staff
Application for Special Leave for Personal Emergency
Confidential

INSTRUCTIONS: The application for Special Leave form should be submitted to the Office of Human Resources after the approval is secured by Executive Officer/Head of Office/Supervisor and the President.

Section A: To be completed by the Employee.

Graduate Center _____ Graduate School of Journalism _____ CUNY School of Professional Studies _____

Name (Print) _____ (School) Start Date: _____

Department _____ Contract Title _____

I hereby apply for a special leave for personal emergency* for the period from _____
to _____.

Employee's Signature _____ **Date** _____

Section B: To be completed by the Executive Officer/Head of Office/Supervisor.

Recommendation of the Executive Officer/Head of Office/Supervisor:
Approved Not Approved

Print Name: _____ **Signature:** _____

Date: _____

Section C: To be completed by the President.

Recommendation of the President:
Approve Not Approve

Signature: _____ **Date:** _____

Section D: For College Human Resources Office Use.

Total Special Leave requested and approved for this academic year: _____

Reviewed by: _____
Authorized HR Officer, GSUC (Print Name)

Signature: _____ **Date:** _____

***In accord with the pertinent provisions of the CUNY Bylaws Section 13.5 (a).**