

**BARUCH COLLEGE
CITY UNIVERSITY OF NEW YORK**

APPLICATION FOR LEAVE FOR SPECIAL PURPOSES

To be completed by staff member, and approved by the appropriate Chair/Unit Head, Dean, or Vice President. The approved application should be forwarded to the Office of Human Resources.

Name: _____ Social Security No. _____

Department: _____

I apply for a special purposes leave for the time period: _____

My reason for this request is: _____

Signature of Applicant

Date

APPROVALS

Chair/Unit Head/Dean/Vice President

Date

For Office of Human Resources Use

Recommended Approval YES NO

Total leave days used this academic year _____

Date _____ Signed _____

Director of Human Resources

* In general, leaves should be restricted to the following: Death or serious illness of a member of the immediate family, court proceedings, medical care that cannot be obtained other than work time, and similar emergencies.

* Please provide copy of certified death certificate

* Please provide copy of jury duty summons