

**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