



# MONTCLAIR STATE UNIVERSITY

## Request for Personal Leave of Absence (Non-Faculty)

*(For Personal leave which does not qualify for Family Medical Leave Act or NJ Family Leave Act)*

*To be completed by employee (Please type or print)*

Name of Employee: \_\_\_\_\_ Division/Dept. \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Ext \_\_\_\_\_  
\_\_\_\_\_

Employee Telephone No: \_\_\_\_\_

Reason for requested Personal leave *(Please state reason below)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request an extended leave of absence without pay effective as of the start of business on \_\_\_\_\_ and to end as of the close of business on \_\_\_\_\_  
month-day-year month-day-year

I understand that continuation of my group insurance coverage is contingent upon my making satisfactory arrangements for premium payments. I understand and hereby agree to call the Benefits Office at 655-7396 upon approval of any leave time to insure timely payment, where necessary, to continue coverage.

I am requesting to be absent from work for the reason and period of time stated herein. I understand that if I return within the timeframe approved by my department and the Human Resources Department, my prior position or another position will be available for me. Beyond these timeframes, I understand that Montclair State University cannot guarantee that a position will be available.

I understand that if I do not contact Montclair State University within five days following the end of my leave, it will be determined that I have elected to resign.

I intend to draw down the following earned time (check all that apply):

\_\_\_vacation days \_\_\_administrative/personal days

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Approvals:

Leave of Absence determination \_\_\_\_\_ approved \_\_\_\_\_ not approved

as requested from: \_\_\_\_\_ to \_\_\_\_\_ to return on: \_\_\_\_\_

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Vice President (Division) \_\_\_\_\_ Date \_\_\_\_\_

Vice President Human Resources \_\_\_\_\_ Date \_\_\_\_\_