

**State University of New York at Buffalo
Office of the Provost**

Leave of Absence Request

1. Applicant's Name _____
Title _____
Department _____
Account # _____ Line # _____ FTE _____
Salary Rate _____ 10 month _____ 12 month _____

2. Type of Leave:
LWOP _____ LWPP _____ SABB _____

3. Effective dates of LOA, from _____ to _____

4. Salary sources during leave period:

State Budget: FTE _____ Salary _____
Other income (if any): _____ Amount _____ Source _____

***NOTE:** If total projected income exceeds present full-time salary, a justification needs to be attached.

5. Purpose of Leave (Check one and explain in remarks, if necessary.)

- To accept a research grant or a research appointment
- To accept a temporary public service appointment in a public or charitable agency
- Professional development
- To accept a one-year visiting teaching appointment at another university
- Personal leave for illness or trauma (where sick leave has been exhausted)
- Other _____

6. Will the applicant have been in full-time continuous service for the three academic years preceding the effective date of the requested leave?

- YES
- NO

If not, please attach a justification for exception to this requirement.

7. Can the requested leave of absence be accommodated within the resources available to the applicant's department/program?

- YES
- NO

If not, please include a statement of resource needs.

