

BOWLING GREEN STATE UNIVERSITY

Special Leave Without Pay Request For Classified Staff

INSTRUCTIONS

The Special Leave Policy, which previously granted classified staff members the opportunity to take leaves of absence during summer and the holiday break, will now allow special leaves to occur anytime during the year, subject to the following:

- Leave may occur over a period of weeks, months, monthly, or a reduced work schedule of less than 40 hours per week (leave and/or a reduced work schedule is not to exceed a total of three months in a 12 month period).
- All leaves must be approved by:
 - Immediate Supervisor/Manager or Director
 - Provost, Vice President, or Dean
- No approval will be given for the hiring of temporary/part-time staffing to fill in for the temporary vacancies created by this leave.
- Participants will continue to receive paid regular medical, dental, and life insurance benefits.
- Vacation and sick leave will accrue for hours in an active paid status.
- Participants will receive PERS retirement credit if earnings are a minimum of \$250 a month.
- Status of full-time classified staff member remains the same.

To process, complete the following form; obtain appropriate signatures, and forward to the Office of Human Resources.

**SPECIAL LEAVE WITHOUT PAY REQUEST FOR
CLASSIFIED STAFF**

Fiscal Year _____ / _____

Name _____ Date Submitted _____

Department _____ BGSU ID# _____

Title/Classification _____ Campus Phone _____

Part-time _____ Full-time _____ Number of regular scheduled hours per week _____

Total special leave hours requested _____

From: Month, Day _____ Time _____ To: Month, Day _____ Time _____

Indicate the hours of leave for each day of the week for the period of time listed above

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
--------	--------	---------	-----------	----------	--------	----------

_____	_____	_____	_____	_____	_____	_____
-------	-------	-------	-------	-------	-------	-------

I voluntarily request leave **without pay** for the hours and dates mentioned above and in accordance with the stipulations of the Special Leave Policy.

Employee Signature _____ Date _____

To be completed by Immediate Supervisor/Manager or Director

_____ Approved (position not to be filled with temporary, part-time, or student help during leave period)

_____ Disapproved for the following reason(s): _____

Signature _____ Date _____

To be completed by Provost, Vice President or Dean

_____ Approved (position not to be filled with temporary, part-time, or student help during leave period)

_____ Disapproved for the following reason(s): _____

Signature _____ Date _____

To be completed by the Office of Human Resources

Recorded by _____