

## RESEARCH FOUNDATION

of The City University of New York 230 West 41st Street New York, NY 10036-7207

## LEAVE OF ABSENCE APPLICATION

Supervisor's Signature\_

Section I. Employee Information			
Employee Name			
	byee Name Last Name Firs	t Name	MI
Employee ID #Campus			Project #
Section II: Leave Information			
Leave Start DateReturn to Work Date (Date you will be back at work)			
Select all that apply:			
	rnity/Paternity Leave  STD - Short Term Disability(Maternity)  FMLA - Birth/Adoption of a Child  PFL - Paid Family Leave – Bonding  (see #3 note below)  PFL - Paid Family Leave – Bonding (Intermittent)  (see #3 below)  Child Care Leave  (For Full-time employees only)  Serious Health Condition  STD - Short Term Disability  FMLA - Serious Health Condition (Self)  FMLA - Serious Health Condition (Self - Intermittent)		Military Leave With Pay (LWP) Military Leave Without Pay (LWOP)  TY Exigency Leave FMLA - Servicemember Exigency/Caregiver PFL - Military Exigency Leave  WC - Workers' Compensation General Leave Without Pay (LWOP) NEW Furlough
Care for a Family Member  FMLA - Serious Health Condition  FMLA - Serious Health Condition (Intermittent)  PFL - Care for a Family Member (see #3 note below)  PFL - Care for a Family Member (Intermittent) (see #3 note below)			
Notes			
2. A 3. U			
Employee's SignatureDate			
Required for General Leave Without Pay and Furlough Only: Supervisor's Signature/Authorization			
Supervisor's Name (Please Print)			