



SMITH COLLEGE

Office of Human Resources  
Garrison Hall  
42 West Street  
Northampton Mass. 01063

## Employee Application for Leave Without Pay

Name: \_\_\_\_\_ Smith ID#: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Please complete the relevant section(s) below and submit application to your department head for signature.

**Reason for Leave:** \_\_\_\_\_

### Please Check One:

☐ **Short-term Leave Without Pay (up to 10 consecutive days)**

I am requesting a short-term unpaid leave of absence under the provisions of the *Leave Without Pay* policy. I am not eligible for paid leave under any other leave plans, and have exhausted all vacation and personal time. I have reviewed the policy and understand the impact on my pay, job status, and benefits. I understand and accept my obligations under this policy.

☐ **Long-Term Leave Without Pay (11 days to 6 months)**

*I understand to qualify for this leave, I must have been employed by the College for a minimum of 12 consecutive months in a regular position of half-time or more prior to the beginning of the leave.*

I am requesting a long-term unpaid leave of absence under the provisions of the *Leave Without Pay* policy. I am not eligible for paid leave under any other leave plans and have exhausted all vacation and personal time. I have reviewed the policy and understand the impact on my pay, job status, and benefits. I understand and accept my obligations under this policy.

Start date of leave: \_\_\_\_\_

Return to work date: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Department Head Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please check one: ☐ Approved ☐ Denied