

**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.

