

LEAVE ENHANCEMENT REQUEST

Employee Name: _____

Department: _____

Supervisor: _____

In accordance with SUNY Cortland's *Leave Enhancement Policy*, I request a reduction in my position to half-time for the following period(s):

(Employee Signature)

(Date)



If signed, this leave request is endorsed by the immediate supervisor and departmental/division management. This approval will not reduce the quality of essential services.

(Supervisor's Signature)

(Date)

(Department Head's Signature)

(Date)

(Dean's or Director's Signature)

(Date)

(Vice President's Signature)

(Date)

Appropriate signatures must be obtained, and completed form should be forwarded to the Office of Human Resources.