

BINGHAMTON UNIVERSITY REQUEST FOR A TITLE F LEAVE

Name _____

School/Department _____

Year(s) of Requested Title F Leave _____

Duration of Requested Title F Leave _____

_____ Fall semester

_____ Spring semester

_____ Academic year

_____ Other (_____)

Compensation Requested During Leave _____

_____ Full salary

_____ Reduced salary (\$ _____)

_____ Without salary

Please attach to this form a statement of the purpose for which the leave is requested and its values to you and to the University.

The State University of New York Policies of the Board of Trustees

Article XIII

Title F. Other Leaves

§ 1. Approval.

- a. Other Leaves fUniversity. Leave of absence without salary granted under appropriate circumstances, for the purpose of child care. Leaves of absence at full or reduced salary pursuant to provisions of this section shall be reported to the Chancellor. The Chancellor may require submission of such leave requests by an institution for his approval when he deems it in the best interest of the University.
- b.

