

**HOFSTRA UNIVERSITY**  
**REASSIGNMENT OF GENERAL/SPECIAL/ADMINISTRATIVE/TEACHING LEAVE FORM**

NAME

HOFSTRA ID#:

DEPARTMENT

RANK

DATE OF APPOINTMENT

**LEAVE TYPE (CHECK ONE):**

ADMINISTRATIVE

GENERAL

SPECIAL

TEACHING

**NUMBER OF SEMESTER HOURS OF LEAVE (ORIGINAL)**

**ORIGINAL LEAVE PERIOD:**

ACADEMIC YEAR

**NUMBER OF SEMESTER HOURS OF LEAVE (REVISED)**

**REQUESTED LEAVE PERIOD:**

ACADEMIC YEAR

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CHAIR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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PROVOST'S OFFICE BUDGET REVIEW \_\_\_\_\_ DATE \_\_\_\_\_

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PROVOST'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRESIDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*This is only to be used for a reassignment of leave which was previously assigned.  
Please see Hofstra University checkoff list for required documentation

(SP-LEAVE.FRM 01/14/03)