



**Dining and Summer Conferences Employment Program**

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Current Position \_\_\_\_\_ Department \_\_\_\_\_

Current Fulltime Staff Supervisor: \_\_\_\_\_

Leave of Absence Period:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Permanent Home Phone Number: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Reason for Leave of Absence (circle one): Study Abroad Personal Academic Medical

Brief Explanation: \_\_\_\_\_

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Conditions needed for leave to be granted:

- *Must* be in good employment standing with DSC.
- *Must* be in good academic standing (semester and cumulative GPAs of 2.0 or better).
- *Must* completely fill out the Leave of Absence request form and turn in the signed form to the Student Human Resource Manager.
- *Must* be able to give an approximate date of return when applying for a leave of absence

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I understand that a leave of absence is granted only upon discussing the request with my supervisor, and submitting a leave of absence form to the Student Human Resource Manager during the semester prior to my leave.

I also understand that my wage upon returning will be based on the current DSC Wage Classification Scale. Longevity and training increases may be added according to employment policy.

Two months prior to my return, I will contact my supervisor and discuss the terms and possibilities of my re-employment.

Student Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Fulltime Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Human Resource Manager Signature \_\_\_\_\_ Date \_\_\_\_\_