




# **Electronic Leave of Absence Instructions**

## **DocuSign**

Office of Enrollment Management  
School of Health Professions

## DocuSign

- Electronic signature made simple



Office of Enrollment Management

**Leave of Absence Request Form**

Print Form

Student ID A00:  First Name:  Last Name:

Daytime Phone:  Rutgers Email Address:

Program/Major:  Concentration/Track:

Status Change Effective Term: Spring 20  Summer 20  Fall 20

**Leave of Absence Request**

Requesting to be placed on a leave of absence due to one of the following reasons:

Personal  Medical  Military  Other

Requesting to return from leave of absence

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**To be completed by program director**

Are there any conditions that must be met for the leave of absence or return from leave?  Yes  No

If there are any conditions requested for the leave of absence and/or return from leave, please state below:

Please indicate your anticipated graduation date:

**By signing below, I acknowledge that I am accepting the specified conditions for a leave of absence and/or return from leave of absence that have been outlined by the program and/or SLP in this instruction.**

Student Signature:  Date:

Program Director/Track Coordinator Signature:  Date:

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**Enrollment Management Use Only**

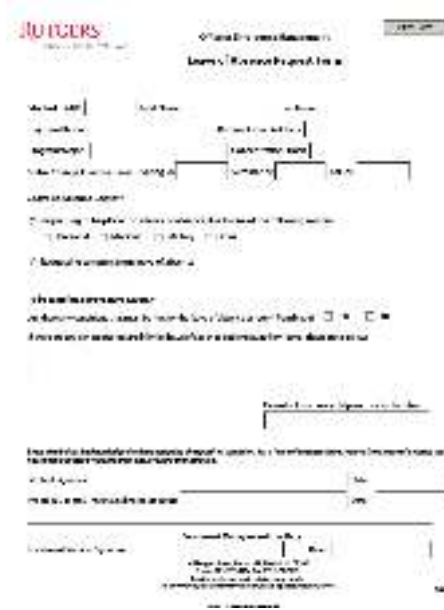
Enrollment Services Signature:  Date:

65 Bergen Street, Suite 149, Newark, NJ 07102  
 Phone: 973-992-5624, Fax: 973-992-4263  
 Email: enrollment@csnj.rutgers.edu  
 The University is an affirmative action/equal opportunity institution.

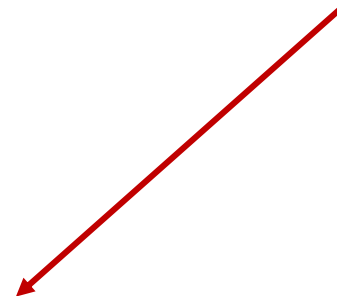
Equal Opportunity Employer

# Workflow

Student initiates form on DocuSign



Faculty member reviews request and sends decision to Enrollment Management



Enrollment Management will receive email notification and process request contingent upon faculty member's approval or denial

## DocuSign Link

[Electronic Leave of Absence - DocuSign](#)

# DocuSign Log In

**PowerForm Signer Information**

If there are other 'roles' required for this document to be completed, please enter the name and email of those other recipients. An email will be sent inviting them to sign along with you.

Please enter your name and email to begin the signing process.

Your Role:  
**Student**

Your Name:

Your Email:

Please provide information for any other signers needed for this document.

Role:  
**Program Director (sign)**

Name:

Email:

[Begin Signing](#)


Fill out your name and provide SHP email.

Student must provide SHP email for program director of faculty advisor that will review leave of absence request.

## Validation Code

- An email will be sent to your SHP email asking for your access code to authenticate your email:

Please enter the access code to view the document


From:  Enrollment Services  
Rutgers School of Health Related Professions

An email has just been sent to your email address with a special validation code in it. To proceed to sign your documents please open your email, and enter the code into the box below. Keep this browser window open while you get your email.

Access Code

[Show Text](#)

DocuSign



Signing validation code: cb8e523c

Please enter access code and click on “Validate” to continue. If you never received a code, press on “I Never Received an Access Code”.

# Leave of Absence Power Form

Please Review & Act on These Documents

**Warren Chhabra**  
Rutgers School of Health Related Professions



Please review & sign your document. To begin the process of reviewing and signing your documents, please click the button below. Signing will not be complete until you have reviewed the agreement and you have confirmed your selections.

Please read the [Electronic Records and Signatures Disclosure](#).

I agree to use electronic records and signatures.

**CONTINUE** OTHER ACTIONS

**READ POLICY CAREFULLY!!! Form is on page 3**

**SCHOOL POLICY**

Subject: REGISTRATION	Title: LEAVE OF ABSENCE
Category: Board of Trustees / Presidential / Faculty / <b>School/Unit</b>	
College: 1112	Responsible Executive: Associate Dean for Academic Affairs
Adopted: 2/00	Responsible Office: Student Enrollment Services
Amended: 3/07, 3/10, 5/11, 6/14, 7/18	Last Revised: 07/2018

**I. Parents**  
This policy describes student responsibilities and procedures for requesting a leave of absence.

**II. Accountability**  
The Program Director and the Associate Dean for Academic Affairs shall have responsibility for this policy. The policy will be implemented by the SGP Registrar.

Please agree to the electronic records and signatures disclosure then click on continue. Begin to enter all required fields in the electronic change of grade form. All boxes in **RED** require information to be entered. Students must read policy carefully and find the actual form to fill out on page 3.

## Acknowledgement of LOA Policy

\*Examples of LOA criteria: Personal leave may include but is not limited to the death or illness of a family member, financial instability, or employment commitments. Medical leaves may include illness or injury experienced by the student, childbirth, or any other physical or psychological condition that prevents the student from meeting the "Essential Functions" of their program. Students cannot claim a personal leave for a medical issue.

I HAVE READ THE POLICY CAREFULLY,  
AND UNDERSTAND THE POLICY



Form is on next page. Please Scroll down

After reading policy, students must initial as confirmation that they have read the leave of absence policy. Students may scroll down to the 3<sup>rd</sup> page and start filling out leave of absence request form.



Rutgers University | OFFICE OF EXECUTIVE MANAGEMENT  
**RUTGERS** School of Health Professions  
**Office of Executive Management**  
**Leave of Absence Request Form**

Student ID: [Red Box] First Name: [Red Box] Last Name: [Red Box]  
 Department: [Red Box] Department Address: [Red Box]  
 Reason: [Red Box] Contact Information: [Red Box]  
 Reason Code: [Red Box] Start Date: [Red Box] End Date: [Red Box]

**Leave of Absence Request**  
 Requesting to be placed on a leave of absence due to one of the following reasons:  
 Personal  Medical  Military  Other  
 Requesting to return from leave of absence

**Do you consent to the proposed request?**  
 Yes (Please select all applicable reasons for the leave of absence from the list)  Yes  No  
 If there are any conditions related to the leave of absence, please list them below:  
 [Red Box]

Please list the name of the person you are returning to:  
 [Red Box]

By signing below, I acknowledge that I am aware of the consequences of this leave of absence and I understand that I have been notified by the process and I agree to the terms and conditions.  
 Faculty Signature: [Red Box] Title: [Red Box]  
 President or School/College/Departmental Representative Signature: [Red Box] Date: [Red Box]

If You Are a Faculty Member: Please Contact HR at 732-932-7100  
 If You Are a Student: Please Contact HR at 732-932-7100  
 If You Are an Employee: Please Contact HR at 732-932-7100  
 The document is an electronic signature and is legally binding.

SIGN [Red Box]

When all information required in red boxes has been provided, you may now submit your form by pressing on “SIGN”.

Design Version ID: SCHEM10FFC48D486AC076886243

**RUTGERS**  
School of Health Professions

Office of Enrollment Management

Print Form

### Leave of Absence Request Form

Student ID Add:  First Name:  Last Name:

Daytime Phone:  Rutgers E-mail Address:

Program/Major:  Concentration/Track:

Status Change Effective Term: Spring 20:  Summer 20:  Fall 20:

**Leave of Absence Request**

Requesting to be placed on a leave of absence due to one of the following reasons:  
 Personal  Medical  Military  Other

Requesting to return from leave of absence

**To be completed by program director:**

Are there any conditions that must be met for the leave of absence or return from leave?  Yes  No

If there are any conditions required for the leave of absence and/or return from leave, please state below:

Please indicate your anticipated completion date:

By signing below, I acknowledge that I am accepting the specified conditions for a leave of absence and/or return from leave of absence that have been outlined by the program and/or SHP administration.

Student Signature:  Date: SH2017

Program Director/Track Coordinator Signature:  Date:

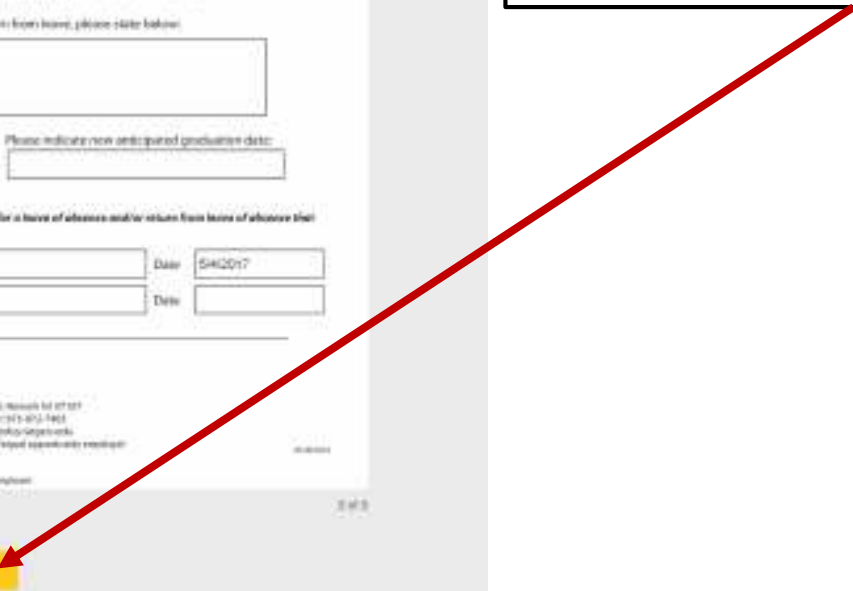
© Rutgers University, School of Health Professions 07102  
Phone: 732-972-5864 Fax: 732-972-7462  
Email: enrollment@shp.rutgers.edu  
This document is an electronic version of a paper document.

SHF 10A.002.pdf

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**FINISH**

Press on "finish" to submit document to Enrollment Services



A confirmation email will be sent to your SHP email that your document has been completed. Click on review document to see what was submitted.

DocuSign



Your document has been completed

**REVIEW DOCUMENT**

**Enrollment Services**

[enrollmentservices@shrp.rutgers.edu](mailto:enrollmentservices@shrp.rutgers.edu)

### LOG IN TO DOCUSIGN

No Account? [Sign Up](#)

[Forgot your password?](#)

LOG IN

CANCEL

COMPANY LOGIN

Make sure to sign up with your SHP email if you have not done so already to review electronic forms you have submitted.

# DocuSign Dashboard

DocuSign

Home Manage Send Dashboards Reports Rutgers School of Health Related Professions 1/18/2020

**Get Signatures** Sign a document Need Help?

Upload a document from your computer [Upload](#)

Select a document from the cloud [Cloud Document](#)

**Document Status** Click on an icon to filter your documents by their current status

0	0	0	3
Awaiting My Signature	Expiring Soon	Out for Signature	Completed

**Need Help?**

Visit DocuSign Support Watch How-To Videos Ask Questions in Community

**Your Identity** edit

Jonathan Gomez  
Rutgers School of Health Related Professions  
gomezj2@shrp.rutgers.edu

DocuSigned by:

**Your Stats** 3 documents you signed last doc. signed 4/4/2019

0 completed signature requests

**Quick Tips**

[Templates](#)  
[Signer Roles](#)  
[Envelope Management](#)

Click on "Completed" to review the change of grades you have submitted.



## Things to note...

- Please create a log-in to see your log of submitted forms. You can see this by clicking on “Completed” forms under “Document Status”.
- Each form you start, counts towards our number of envelopes. If you open one, please finish and submit. If you reopen another form, DocuSign will “charge” another envelope.
- Only faculty advisor approval needed, except under certain circumstances
- If you need any support, please contact us at [enrollmentservices@shp.rutgers.edu](mailto:enrollmentservices@shp.rutgers.edu) and we can walk you through the process.