



## Voluntary Health Related Leave of Absence

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### *Request for a Voluntary Health Related Leave of Absence*

St. John's University students may apply for a Voluntary Health Related Leave of Absence (HRLOA). An HRLOA is an agreement regarding a separation between the student and the University for a period of time. HRLOAs are coordinated through the Department of Student Wellness, Division of Student Affairs. HRLOAs are recommended in those instances when a student's medical and/or mental health condition is judged to significantly impair his or her ability to function successfully or safely as a student. It is expected that a student who is granted an HRLOA will use the time away from the University for treatment and recovery. It should be understood that most students require a reasonable period of time away from St. John's University, and, in the case of mental health services, a course of clinically recognized and accepted treatment interventions to recover their health sufficiently in order to obtain the requisite clearance from the Health Related Leave Review Committee to pursue reenrollment.

Current policy requires that specific steps be followed in order for a student to both obtain an HRLOA and to return from one. First, the student should initiate the process by informing the Dean of his/her school or college that he/she wishes to take a leave of absence as a result of a medical and/or mental health condition. The Dean's office will then refer the student to the University's Health Related Leave Review Committee. The student must provide a written request for an HRLOA to the Committee. The student's written request must be accompanied by a letter from a licensed health care provider who is familiar with the student's condition. Acceptable sources would include, but not be limited to, the student's primary care physician, hospital-based physicians and clinicians, the University's Counseling Center's clinical staff and private licensed clinicians. This letter should indicate dates of evaluation and/or treatment, a clear recommendation from the health care provider that the student cannot continue his/her academic program because of his/her medical and/or mental health condition, and an estimate regarding the time period for an HRLOA. The Committee shall review the documentation and make a recommendation to the Dean of the student's school or college as to whether the condition warrants an HRLOA. The Dean shall make the final decision regarding whether to approve or deny the HRLOA and then notify the student in writing as to his/her decision. If an HRLOA is approved, the Dean's office will notify the appropriate University personnel to enact the HRLOA, including the Registrar, Financial Aid, Bursar and Office of Residence Life, if applicable.

### *Before Taking a Voluntary Health Related Leave of Absence*

It is essential that each student review his or her current health insurance coverage. Students should contact the University Health Plan office 1(800) 437-6448 or their parent's insurance plan (if applicable) for further information as needed. Students who are covered by the St. John's University Student Health Insurance Plan ([www.universityhealthplans.com](http://www.universityhealthplans.com)) when they convert to *On Leave* status are automatically covered for the remainder of the plan year, and they may be eligible to purchase a one-time, one-year extension of their SHIP insurance if needed. Students who are covered by a parent's employer plan when they convert to *On Leave* status may need to apply for continuation of coverage (COBRA) with the parent's plan. Enrollment in COBRA is time sensitive.

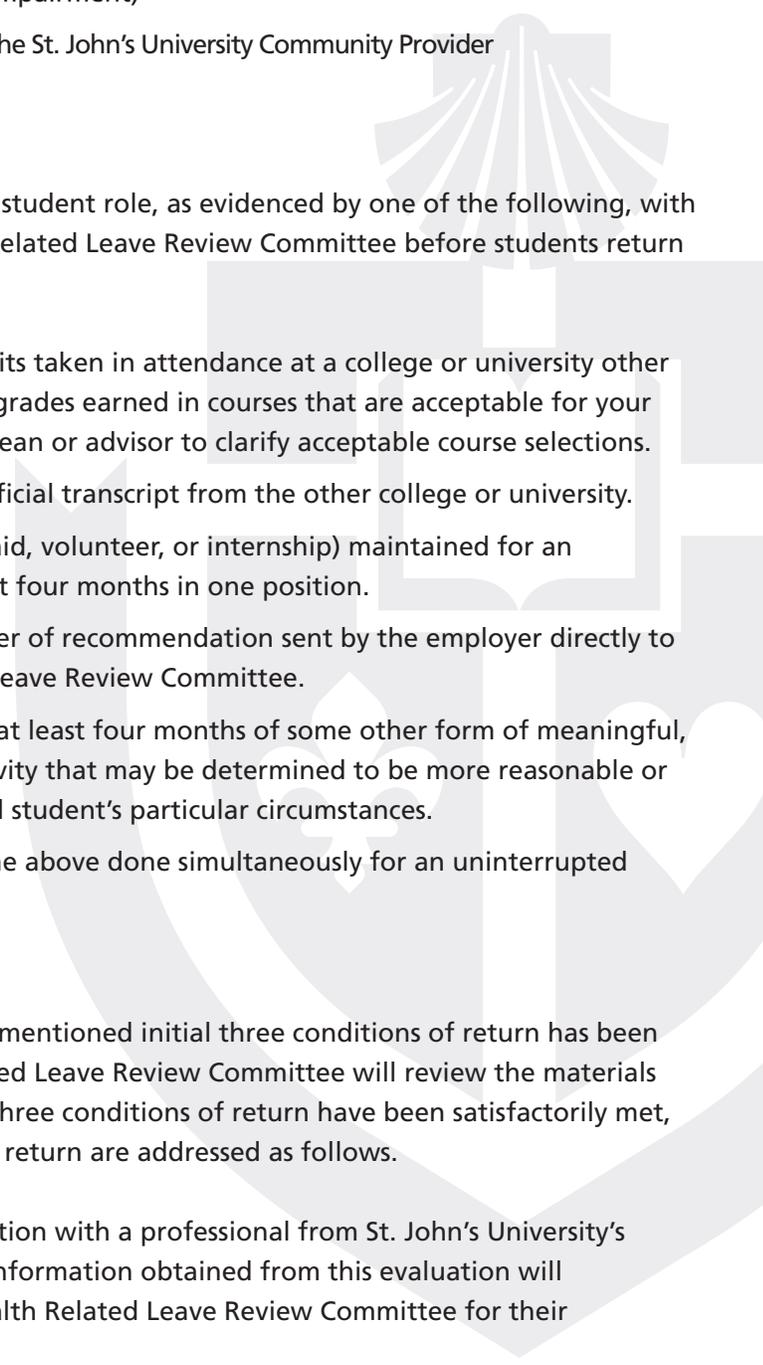
## *Request to Return from a Voluntary Health Related Leave of Absence*

It is important to understand that if a student takes a Voluntary Health Related Leave of Absence (HRLOA), the student will need to follow certain procedures in order to return from it. It is the student's responsibility to contact and notify the Health Related Leave Review Committee of his/her wish to return from an HRLOA. The student will be required to meet the following five conditions of return before he/she can be cleared to pursue re-enrollment after time away from St. John's University.

### *Required Conditions of Return from a Voluntary Health Related Leave of Absence*

**Before** a student's request to return from an HRLOA can be considered by the St. John's University Health Related Leave Review Committee, the student must demonstrate that he/she has met relevant prerequisite conditions among the following:

1. A substantial amelioration of the medical/mental health condition that precipitated the need for an HRLOA in the first place, as evidenced by:
  - a. A substantially improved condition, as defined and determined by St. John's University clinical staff in the Office of Health Services or the Counseling Center
  - b. Once achieved in treatment, the substantially improved condition has been maintained at a stable level for a minimum of three months
  - c. Attested to in a written report furnished by the student's primary licensed mental health provider while on leave who has had direct contact with/observation of the student on a consistent basis as determined by the treatment professional (duration depending on the severity of impairment)
  - d. With the report documented on the St. John's University Community Provider Report Form.
2. The ability to function safely, as evidenced by:
  - a. A substantial reduction of any relevant safety related behaviors, including, but not limited to:
    - i. Suicidal behaviors
    - ii. Self injurious behaviors
    - iii. Substance abuse
    - iv. Food binging
    - v. Food purging or any other potentially harmful compensatory behaviors used for weight management (e.g., use of laxatives, excessive exercise, etc.)
    - vi. Failure to maintain weight at minimum of 90 percent of Ideal Body Weight for height
    - vii. Threats of physical harm to others or damage to property

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- b. Once safety status has been achieved, it is maintained at a stable level for a minimum of three months
      - c. Attested to in a written report furnished by the student's primary licensed mental health provider while on leave who has had direct contact with/observation of the student on a consistent basis as determined by the treatment professional (duration depending on the severity of impairment)
      - d. With the report documented on the St. John's University Community Provider Report Form.
    3. The ability to function successfully in a student role, as evidenced by one of the following, with the option determined by the Health Related Leave Review Committee before students return from the HRLOA can be approved:
      - a. One semester of academic credits taken in attendance at a college or university other than St. John's University with grades earned in courses that are acceptable for your program. Please contact your dean or advisor to clarify acceptable course selections.
        - i. Attested to by an official transcript from the other college or university.
      - b. Or satisfactory employment (paid, volunteer, or internship) maintained for an uninterrupted period of at least four months in one position.
        - i. Attested to by a letter of recommendation sent by the employer directly to the Health Related Leave Review Committee.
      - c. Or an uninterrupted period of at least four months of some other form of meaningful, structured, and productive activity that may be determined to be more reasonable or appropriate given an individual student's particular circumstances.
      - d. Or a suitable combination of the above done simultaneously for an uninterrupted period of at least four months.

*After* satisfactory documentation of the aforementioned initial three conditions of return has been received, the St. John's University Health Related Leave Review Committee will review the materials and make a judgment as to whether the first three conditions of return have been satisfactorily met, in which case the remaining two conditions of return are addressed as follows.

4. The student must then have a consultation with a professional from St. John's University's Health Services or Counseling Center. Information obtained from this evaluation will be provided in written form to the Health Related Leave Review Committee for their consideration.
5. The Health Related Leave Review Committee will review all information regarding the student's request and will determine whether there is sufficient documentation to support the student's request to return from an HRLOA. The Dean of the student's school or college will grant or deny the request and notify the student of his/her decision.

*Deadlines to Submit Materials when Requesting to Return from a Health Related Leave of Absence:*

- The student must notify the Health Related Leave Review Committee in writing of his/her wish to return to St. John's University by July 1 for a proposed fall semester return and by December 1 for a proposed spring semester return
- The student must submit all required documentation to the Health Related Leave Review Committee by July 1 for a proposed fall semester return and December 1 for a proposed spring semester return
- If the student misses one of these deadlines, his/her return from HRLOA may be compromised

*Request for a Voluntary Health Related Leave of Absence:*

*I have read the information above and have asked for any needed clarification and explanation. I understand the required conditions of return and the deadlines involved in returning from a Voluntary Health Related Leave of Absence. I accept these conditions and deadlines as part of my responsibilities in taking a Voluntary Health Related Leave of Absence from St. John's University. I agree to abide by these conditions, and I voluntarily request that the Dean of my school or college issue a recommendation that I be granted a leave of absence for Voluntary Health Related Leave of Absence. I understand that my signing this form does not guarantee that I will receive an HRLOA from my school or college.*

\_\_\_\_\_  
Signature of Student

I prefer any correspondence about this leave to be sent to me at the following address:

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Student X #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number where we may call and leave a message for you.

Name of Student's School or College: \_\_\_\_\_