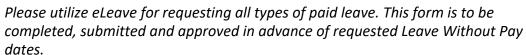
## APPLICATION FOR APPROVAL OF LEAVE WITHOUT PAY





Date of this request		
Name		
Dept.	Phone	Employee ID
Requested dates of unpaid leave, from	to	Email
Total Leave Time Requested		
Specify semester, days, hours, i.e., "Fo	all Semester 2017, 7 days, or 3 hours 30	minutes = 3.5 hours"
Prior Period of Leave Without Pay,	to	

to

## **REASON FOR LEAVE WITHOUT PAY**

Prior Period of Leave Without Pay, if applicable, from

## **EXPLANATION OF HOW YOUR DUTIES WILL BE COVERED DURING YOUR ABSENCE**

(classroom instruction, meetings, other obligations (if applicable).

Check if relevant documentation is attached.				
I hereby certify that the previous statements are true and correct:				
Signature			Date	
Print Name				
REQUIRED APPROVALS/SIGNATURES				
Required Appro	ovals/Signatures			
Approved	Disapproved	Department Head	Date	
Approved	Disapproved	Dean or Director	Date	
Approved	Disapproved	Vice President	Date	
Approved	Disapproved	President	Date	
EXPLANATION IF DISAPPROVED				
Recorded and Filed By:				

Original to Dean or Director Copies to Department Chair, Manager, Staff or Faculty member requesting leave without pay.

Name

Title



Date