

APPLICATION FOR APPROVAL OF LEAVE WITHOUT PAY

Please utilize eLeave for requesting all types of paid leave. This form is to be completed, submitted and approved in advance of requested Leave Without Pay dates.



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., "Fall Semester 2017, 7 days, or 3 hours 30 minutes = 3.5 hours"

Prior Period of Leave Without Pay, if applicable, from

to

Prior Period of Leave Without Pay, if applicable, from

to

REASON FOR LEAVE WITHOUT PAY

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 Approvals/Signatures

Approved	Disapproved	Department Head	Date
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Approved	Disapproved	Dean or Director	Date
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Approved	Disapproved	Vice President	Date
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Approved	Disapproved	President	Date
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EXPLANATION IF DISAPPROVED

Recorded and Filed By:

Name

Title

Date

Original to Dean or Director

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

