



RECOMMENDATION FOR LEAVE OF ABSENCE

PLEASE TYPE OR PRINT

Name _____ Employee ID _____ Institute Hire Date _____
 Title _____ Current Salary _____ Budget Position No. _____

College/School or Department/Unit Name _____ No. of Semesters to Date _____

Employee Type: Classified/Staff Research Faculty Academic
 Contract: Academic Yr/9-Month Faculty Fiscal Yr/12-Month N/A

Effective Date/Period of Leave Requested: From _____ To _____

Type of Leave Requested:
 Personal Leave Educational/Professional Leave Non-FMLA Sick/Medical Leave

Purpose of Leave (if education/professional, please include all pertinent details or attach leave agreement):

How will teaching and/or administrative duties be handled (if applicable)?

If the request is for Educational leave, without pay
 it is recommended that leave be granted: with pay for the total amount of \$ _____ divided as follows:
 State Funds: \$ _____ Federal/Sponsored Funds: \$ _____ Other: \$ _____

Previous Leaves Granted:

Date: From:	To:	Type:	Personal	Educational/Professional	FMLA	Non-FMLA Sick/Medical
Date: From:	To:	Type:	Personal	Educational/Professional	FMLA	Non-FMLA Sick/Medical
Date: From:	To:	Type:	Personal	Educational/Professional	FMLA	Non-FMLA Sick/Medical

Employee Agreement: I, the undersigned petitioner for leave, do hereby agree that I will return the full amount of compensation received from the Institution while on leave with pay if I should not return to the Institution for at least one year of service after the termination of my leave.

Employee Signature:

Leave Recommended By:

Employee Supervisor/ School Chair	Date	AVP of Human Resources (Classified Staff)	Date
Head of Dept/Division or Dean	Date	Provost (Academic Faculty)	Date
EVP - Research (Research Faculty)	Date		