

8/20/01

Application for Leave of Absence without Pay

TO: Department Chairperson

FROM: Name: _____
Rank or Title: _____
Department: _____

I hereby apply for a leave of absence from the University as follows:

Beginning Date: _____ Terminating Date: _____

Specify if leave is to be taken consistent with the provisions of the Family and Medical Leave Act (FMLA) and for what purpose. If not, state the other reason or purposes for which the leave is requested and identify institution(s) to be attended, degree(s) to be sought, if any, or provide other details.

If leave is granted me, I agree, unless released from this agreement by the University or as otherwise provided by FMLA, to return at the end of my leave and serve the University for at least one year with the understanding that I am eligible while away to participate in any salary increases which normally would accrue to me as a result of increases made by the University for resident staff.

Signature: _____ Date: _____

Approved:

_____	Date	_____	Date
Department Head		Dean or Director	
_____	Date	_____	Date
Provost		Chancellor	
		_____	Date
		President	

8/13/07