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

Department Head

________________________________________  Date

Dean or Director

________________________________________  Date

Provost

________________________________________  Date

Chancellor

________________________________________  Date

President

8/13/07