



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)?

Is the employee PI on any sponsored fund? Yes No

Yes No

If the request is for Educational leave, without pay divided as follows:

it is recommended that leave be granted: with pay for the total amount of \$

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