



# 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, it is recommended that leave be granted: without pay 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 September 2016