

FACULTY APPLICATION FOR APPROVAL OF LEAVE (Other Than Sick Leave)

Leave such as Sick Leave, Jury Duty or Witness, Leave Without Pay - State Reason Below, Military (Annual) Leave, Emergency Leave (Funeral), Faculty/Staff Fitness Leave should be reported via eLeave.

This form must be submitted and approved in advance for other leaves and absences from duty. Leave without pay that extends beyond the second year requires prior approval of the Board of Regents.

Date

Name

Employee ID

Rank

Department

LEAVE WITH PAY

Administrative Leave
(requires signatures through the President)

Jury Duty or Witness
(requires signatures through Provost/VPAA)

Military Leave
(requires signatures through the Provost/VPAA)

Emergency Leave
(requires Chair signature for less than three days, if greater through President)

Other Type of Leave:

LEAVE WITHOUT PAY

Requires signatures through the President

Leave without Instructional Salary

Leave Compensated from Other Salary Sources

DATES OF LEAVE OR ABSENCE

Start of Leave:

End of Leave:

Total Leave Time:

(specify hours, days, semester, etc.)

If leave is for a period of 2 weeks or longer during the fall or spring semester term OR 1 week or longer in a summer term, the Provost & VPAA will review and approve.

Reason for leave and explanation of how your duties (classes, meetings, etc.) will be covered in your absence:

☐

Check if relevant documentation is attached.

Tenure and Promotion (as applicable)

- ☐ Requesting a tenure stop-the-clock based on this leave for ____ year(s).
This form will serve as the formal stop the clock request if necessary.
- ☐ This leave will not impact the current tenure and/or promotion timeline.

I hereby certify that the above statements are true and correct.

With approval of this leave, the faculty member and department head are confirming that the faculty member received successful annual and reappointment review(s).

Signature of Faculty Member:

Signature and date

- | | | | | |
|----|-----------------------------------|--------------------------------------|------------------|------------------------------------|
| 1. | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Department Head | _____
<i>Signature and date</i> |
| 2. | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Dean or Director | _____
<i>Signature and date</i> |
| 3. | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Provost and VPAA | _____
<i>Signature and date</i> |
| 4. | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | President | _____
<i>Signature and date</i> |

Explanation if Disapproved:
