

REQUEST FOR LEAVE OF ABSENCE

LEAVES WILL NOT BE APPROVED UNLESS ALL OF THE NECESSARY INFORMATION IS COMPLETED. IT IS THE TEACHER'S RESPONSIBILITY TO ENSURE THAT THIS FORM IS PROPERLY FILLED OUT AND REACHES THE ADMINISTRATIVE SERVICES DEPARTMENT PRIOR TO THE APPLICATION DEADLINE.

Employee Name:	<input type="text"/>	Department:	<input type="text"/>
Employee ID:	<input type="text"/>	Telephone (home)	<input type="text"/>
Address	<input type="text"/>	Telephone (work)	<input type="text"/> ext. <input type="text"/>
	<input type="text"/>		

TYPE OF LEAVE

LEAVE DEADLINES

FOR THE YEAR: APRIL 15
FOR THE FALL SEMESTER: APRIL 15
FOR THE WINTER SEMESTER: OCTOBER 15

REASON FOR LEAVE

Will you be employed elsewhere during the leave? Yes No

LEAVE TIME REQUESTED *(Please indicate the choice of leave)*

FALL SEMESTER

WINTER SEMESTER

100% FALL LEAVE

100% WINTER LEAVE

PARTIAL LEAVE

PARTIAL LEAVE

Number of sections of leave requested

Number of sections of leave requested

Number of teaching hours per week
of leave requested

Number of teaching hours per week
of leave requested

Signature: _____

Date _____