



REQUEST FOR LEAVE OF ABSENCE WITHOUT PAY

Applicant: _____ Department: _____

By signing below, I request a leave of absence without pay during: (a) the _____ 20__ semester, or (b) academic year, 20__ to 20__. I have also reviewed the University Handbook Section D.7, Leaves of Absence Policy.

The purpose of the leave is stated below:

Date

Applicant's signature

Approved by:

Department Chair

Date

Dean

Date

Provost

Date

President

Date