leave OF ABSENCE WITHOUT PAY application materials

TO: applicants for LEAVE WITHOUT PAY

From: University Faculty leaves committee

This application form has been designed in accordance with existing University policy to facilitate the review of your request.

Please complete the top portion of the form, attach appropriate pages, and present the completed application to the Department Chair by the Friday of the 5th full week after faculty contracts begin. The Department Chair will then forward the application and their review to the Dean of the College/School by the Friday of the 7th full week after faculty contracts begin. The Dean of the College/School will then forward the application with the Chair’s review and their review to the University Faculty Leaves Committee by the Friday of the 9th full week after faculty contracts begin.

The University Faculty Leaves Committee, using the Chair and Dean reviews and the selection criteria in Policy 6.15, rank each qualifying application in order of merit. The University Faculty Leaves Committee sends the ranked applications to the Provost by the Friday of the 11th full week after faculty contracts begin.

The Provost, based on the ranked applications and availability of funds, forwards a list of recommended applications to the University President, who submits the list to the Board of Trustees in their December meeting for final approval.

**APPLICATION FOR LEAVE OF ABSENCE WITHOUT PAY**

Date:

Name of Applicant:

Total Years of Service at SUU: Date of Last Leave:

Length of Leave Requested: One Semester \_\_\_ Two Semesters\_\_\_ Other (specify)\_\_\_\_\_\_\_\_\_

Date Leave is to Begin:

Purpose of Leave:

SIGNATURE:

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Provost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVALS:

President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Board of Trustees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_