



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:

Department:

Employee ID:

Telephone (home)

Address

Telephone (work)

ext.

LEAVE DEADLINES

PROFESSIONAL DEVELOPMENT LEAVE

FALL SEMESTER & ANNUAL: MAY 15

WINTER SEMESTER: NOVEMBER 15

PERSONAL LEAVE

FALL SEMESTER & ANNUAL: APRIL 15

WINTER SEMESTER: OCTOBER 15

TYPE OF LEAVE

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