

REQUEST FOR LEAVE OF ABSENCE NON-TEACHING PERSONNEL

Employee Name: _____
Employee ID: _____
Address _____

Department: _____
Telephone: _____ Ext: _____
Seniority: _____
Classification: _____

TYPE OF LEAVE

A. Professional Development

Exact Dates: _____

Program of Studies: _____

Supporting Documentation: Attached To Follow

Seniority is cumulative during a professional development leave.
NOTE: This request must reach the Administrative Services Office at least 1 month prior to departure date.

B. Personal Leave

Date of Departure: _____

Date of Return: _____

Reason: _____

Seniority is frozen during a personal leave. Unless justified by unforeseen circumstances, this request must reach the Administrative Services Office at least 1 month prior to departure date.

SIGNATURE/RECOMMENDATION

Signature of Employee: _____ Date _____

Recommendation of Supervisor

recommend

I _____ that the above employee be granted a leave

do not recommend

Signature: _____ Date: _____