## 6.02 Sample Form: Request for Leave of Absence

	LEAVE OF ABSENCE WITHOUT PA AROLINA UNIVERSITY	Y FROM WESTERN
L	, hereby request a leave of absence	without pay as described
below.	,	
Duration of Leave:	to	
Beginnin		
The extent of leave requested:		
The extent of leave requested.	2)Part-time leave of abse	nce (%)
The general purpose of the leave of abser		
	degree in a program in an accredited	advantional institution to
which I have been accepted; or	degree in a program in an accredited	educational institution to
	nent activity as defined in the current Fa	aulty Handbook: or
2) A Professional developm 3) Some other reason: (Exp		icuity Hallobok, of
5) Some other reason. (Exp	Jan Delow)	
I do or do not (initial or under the provisions of the State Retirem retirement service credit for the period of make the appropriate monthly payments	hent System as educational leave, there of my leave. I understand that such app	by making me eligible for proval will obligate me to
Please describe specifically the activ agency/location where these activities wi you and the university. Please state whe describe the nature of the employment employer, and the nature of the employ staff position). Please state whether you source and describe the nature and durate on an additional page, if needed.) I understand that this request and any lea current Faculty Handbook. I further unde the purpose other than those set forth her In the event of a need to change any of approved, I understand that I must file an such changes.	Il be undertaken, and the benefits to be ther you will be employed by anyone of including the name of the employe ment relationship (e.g., visiting profes will be working on a funded project an ion of the project. Attach appropriate of ave granted are subject to all pertinent erstand and agree that use of the leave of rein can result in an immediate or early the terms and conditions of my leave	derived from the leave by luring the leave and, if so, r, your position with the sor, tenure track position, id, if so, name the funding locumentation. (Continue Provisions set forth in the of absence without pay for termination of my leave. after it has been initially
	ripphount	Dute
Address and telephone number during lea	ave:	
Reviewed and Approved		
*		
Department Unit Head Date	Provost	Date
*		

Dean/Director	Date	Chancellor
Date		
Date approved by Board of Tru	istees:	
Date approved by State Retirer	nent System, if applicable:	

\*If the dean/director and department/unit head approve the request, they will prepare and attach to this request, at the time it is transmitted, an explanation of the impact of this leave upon the work of the department/college (or other unit) and how the duties of the employee will be covered for the duration of the leave. Include in this memorandum any additional conditions on which approval of the leave should be predicated.