



Employee Information (to be completed by the employee)

Name _____ UT EID _____

Title _____ Department _____

I request permission for a Leave of Absence from The University of Texas at Austin. This request is made in accordance with the Rules and Regulations of the Board of Regents of The University of Texas System, Part One, Chapter III, Section 16 and the Handbook of Operating Procedures.

Purpose of leave

Dates requested to be on Leave of Absence: _____
Begin date End date

Your statement on why this leave is in the best interest of the university. For professional development, public service, or other activities, state how this leave will increase your professional effectiveness or productivity.

Your statement of your intention to return to work.

Supervisor Recommendation (to be completed by the supervisor)

Supervisor's recommendation on whether to grant or deny the request. This recommendation should address the criteria that are stated in the policy (attach additional recommendations if required as established within each unit/department):

Signature _____ Printed name _____ Title _____ Date _____

Approval

Signature _____ Printed name _____ Title _____ Date _____

Signature _____ Printed name _____ Title _____ Date _____

Signature _____ Printed name _____ Title _____ Date _____