



# REQUEST FOR LEAVE OF ABSENCE

## NON-TEACHING PERSONNEL

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Telephone: \_\_\_\_\_

Ext: \_\_\_\_\_

Address \_\_\_\_\_

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: \_\_\_\_\_