

FACULTY AND PROFESSIONAL RESEARCH PERSONNEL
REQUEST FOR APPROVAL OF LEAVE OF ABSENCE FROM CAMPUS

Leave is required for absences from classroom and other scheduled duties and necessitates making arrangements for a qualified person to assume such duties during the absence.

SECTION 1

Name _____ Date _____
Period of Absence: From _____ To _____ Inclusive _____
Reason for Absence: [] University Business [] Attend Professional Meeting: Date(s) and Place of Meeting(s) _____
[] Presentation: Title _____
Other: (explain in detail) _____

NOTE: SECTION 3 MUST BE COMPLETED IF ON TRAVEL STATUS, REGARDLESS OF FUND SOURCE

SECTION 2 – FACULTY AND PROFESSIONAL RESEARCH ABSENCE INFORMATION

PERIOD AFFECTED BY LEAVE: [] Summer Quarter [] Service Period [] Sabbatical
[] Quarter with no scheduled teaching assignment
TYPE OF LEAVE REQUESTED: Leave with full salary: [] School funds [] Contract Funds
Leave without salary: []
Disposition of Work During Absence:
Course _____ Class Meets _____ Substitute Instructor _____
Course _____ Class Meets _____ Substitute Instructor _____
Scheduled duties or assigned responsibilities: _____

When consultations or outside services are such as to interfere with recognized University duties, they maybe undertaken only on the basis of a leave of absence without University salary, for the period involved. University Regulation No. 4.
Approve: [] Leave w/full salary (7 calendar days of less)
Recommend: [] Leave without salary
Recommend: [] Leave w/ full salary
Other: [] See attached memo

Applicant's signature _____ DATE _____ DEPARTMENT CHAIRMAN SIGNATURE _____

SECTION 3 – REQUEST FOR TRAVEL INFORMATION

DESTINATION: FROM _____ TO _____ [] Round Trip
FUND SUPPORT REQUESTED: [] None [] Transportation [] Subsistence [] Cash advance is required, amt. \$
[] Ticket charged
BUDGET(S) TO BE CHARGED: NAME: _____ ACCT. CODE: _____
NAME: _____ ACCT. CODE: _____

If contracts or grants are being charged for travel expenses and/or salary, explain how purpose of the leave relates to the work on the project: _____

Chairman or PI Signature for funds _____
Fund Approvals: _____ Dean or Authorized Delegate _____

(FOR ENGINEERING ACCOUNTING SERVICES USE ONLY)

Contract prior approval required? Y or N _____ Approval requested by: _____ Approval rec'd: _____
Subsistence: \$ _____ Transportation: \$ _____ Estimated total cost: \$ _____