



**REQUEST FOR LEAVE OF ABSENCE WITHOUT PAY**

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

By signing below, I am requesting a leave of absence without pay during: (a) the \_\_\_\_\_  
20\_\_ semester, or (b) academic year, 20\_\_ to 20\_\_. I have also reviewed the  
University Handbook Section D.7, Leaves of Absence Policy.

The purpose of the leave is stated below:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Approved by:

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provost

\_\_\_\_\_  
Date

\_\_\_\_\_  
President

\_\_\_\_\_  
Date