ILLINOIS STATE UNIVERSITY
Leave of Absence Request – Civil Service
* University policy numbers referenced as applicable.

Check One: ☐ Other Educational 3.1.11* ☐ Military 3.1.11* ☐ Personal 3.6.22 *

Submit completed form to your immediate supervisor.

I. To Be Completed by Person Requesting Leave:

Name: ___________________________________________________  Department: _______________________________

Dates Requested: From ________________________ through close of business _________________________

Compensation During Leave: ☐ 100% Unpaid (see 3.6.22 *)
☐ 100% Paid by University

You may elect to purchase service credit during an unpaid leave. For more information, contact SURS at 1-800-275-7877.

Primary Purpose of Leave (check one):
☐ 1. Completion of course requirements toward an advanced degree.
☐ 2. Completion of an advanced degree.
☐ 3. Other: _______________________________________

Prior Leaves Granted (leave type, semester and year):
1. _________________________________________
2. _________________________________________
3. _________________________________________

Location(s) While on Leave:
___________________________________________

II. To be Completed by Immediate Supervisor (Department Chair/School Director/Supervisor):

☐ Disapproved  Reason: __________________________________________________________________________

☐ Approved for (dates): From ________________________ through ________________________

How this leave will benefit the department and the University: ___________________________________________

How work will be covered: _______________________________________________________________________

Immediate Supervisor Signature ____________________________ Name (Please Print) ____________________________ Date ____________________________

III. To be Completed by 2nd Level Supervisor(Administrator/Dean):

☐ Approved  ☐ Disapproved  Comments: ____________________________________________________________

2nd Level Supervisor Signature ____________________________ Name (Please Print) ____________________________ Date ____________________________

IV. To be Completed by University President:  To be Completed by Human Resources:

☐ Approved  ☐ Disapproved

☐ Approved  ☐ Disapproved

University President Signature ____________________________ Date ____________________________

Human Resources Signature ____________________________ Date ____________________________