

III. To Be Completed by 2nd Level Supervisor/Department Head

Approved Disapproved Comments: _____

2nd Level Supv./Dept. Head/Admin. Signature

Name (please print)

Date

Route to Provost for PAID Educational Leave, Route to Human Resources for UNPAID Educational Leave

IV. To Be Completed by Provost

Approved Disapproved Comments: _____

Provost Signature

Name (please print)

Date

To Be Completed by Human Resources

Approved Disapproved Comments: _____

AVP for Human Resources Signature

Name (please print)

Date