



**II. To Be Completed by Immediate Supervisor**

Not approved Reason: \_\_\_\_\_

Approved for (dates): Beginning \_\_\_\_\_ through close of business \_\_\_\_\_

How will this leave benefit the department and the University: \_\_\_\_\_

How many courses will need to be covered because of this leave? \_\_\_\_\_ Courses: \_\_\_\_\_

\_\_\_\_\_  
Immediate Supervisor Signature Name (please print) Date

**III. To Be Completed by 2<sup>nd</sup> Level Supervisor/Department Head**

Approved  Disapproved Comments: \_\_\_\_\_

\_\_\_\_\_  
2<sup>nd</sup> Level Supv./Dept. Head/Admin. Signature Name (please print) Date

**IV. To Be Completed by Provost**

Approved  Disapproved

Time on leave will count toward eligibility for:

*Place a checkmark for each*

Promotion:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Tenure:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Sabbatical:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A

\_\_\_\_\_  
Provost Signature Date

**Return to Human Resources after all signatures have been collected.**