



**ILLINOIS STATE UNIVERSITY**  
**Leave of Absence Request – Faculty and A/P**

PERS917

4/21

\* University policy numbers referenced as applicable.

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

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

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

**IV. For Faculty – To be Completed by Provost:**

Approved      Disapproved

Time on leave will count toward eligibility for:

Promotion:	Yes	No	NA
Tenure:	Yes	No	NA
Sabbatical:	Yes	No	NA

**For A/P – To be Completed by Human Resources:**

Approved      Disapproved

**For A/P Educational Leave – To be Completed by Provost:**

Approved      Disapproved

\_\_\_\_\_  
Provost Signature (all Faculty; A/P Educational)      Date      \_\_\_\_\_  
Human Resources Signature      Date