

Title 'F' Leave Request Checklist

Name: _____ Title: _____

Department: _____ Salary: _____ Semester/Year: _____
w/ COLA _____ (%) Fall _____ Spring _____ Yr. _____

Date of Last Leave: _____

Terms: _____ LWOP LWPP _____ % LWFP

Requesting course coverage: n/a _____ No _____ Yes _____

Associate Dean: _____

Requirements:

- _____ 1. Statement outlining the programs to be followed while on leave.
- _____ 2. Chair's supporting letter
- _____ 3. Leave Request Form
- _____ 4. Personnel Transaction Form
- _____ 5. Current Vita included.

<i>To be completed by the Dean's Office</i>	
Date request rec'd.: _____	Starting date {10/12?} _____
Dean's Approval: _____	Requestor notified: _____
Associate Dean's Approval: _____	