



Application for Leave of Absence without Pay

Name	Employee ID (T#)	Date
Rank or Title	Faculty/Non Classified Employee <input type="checkbox"/> Leave not to exceed one year	
Department	Classified Employee <input type="checkbox"/> Leave not to exceed six months	

Reason for Leave of Absence without Pay

State specifically the purpose(s), institution(s) to be attended, degree(s) to be sought, if any, and other appropriate information.

If leave is granted to me as Faculty or Administrator, I agree, unless released from this agreement by the University, to return at the end of my leave and serve the University for at least one year with the understanding that I am eligible while away to participate in any salary increases which normally would accrue to me as a result of increases made by the University for resident staff.

Retention of Fringe Benefits

I understand that in order to retain my fringe benefits while I am on leave of absence without pay, it is my responsibility to contact the Office of Human Resources regarding payment procedures. I also understand that if I do not retain my fringe benefits, I will be required to provide evidence of insurability at my expense and make application to the insurance companies.

Applicant Signature	Date	Vice Chancellor	Date
Supervisor or Department Chair	Date	Chancellor	Date
Dean or Division Chief (if applicable)	Date	President	Date