



APPLICATION FOR LEAVE OF ABSENCE WITHOUT PAY

In accordance with the Master Agreement, I hereby request approval for absence **without pay** on the dates below.

Name _____
(Please print)

Date(s) _____ Time (s) _____ a.m. _____ p.m. _____ all day

TYPE OF LEAVE REQUESTED:

- Personal illness
- Bereavement
- Personal leave
- Family illness
- Short Term Disability
- Long Term Disability

Alternate Instructor (if applicable) _____

It is the responsibility of the instructor to contact the dean to determine if the class will be canceled or covered.

THIS FORM IS TO BE SUBMITTED TO PAYROLL ONE WEEK IN ADVANCE OF REQUESTED LEAVE WITHOUT PAY.

Date _____	Signed _____
	Employee
Date _____	Signed _____
	Department Chairperson
Date _____	Signed _____
	Dean

Distribution:
 Top copy - Payroll
 2nd copy - Human Resources
 3rd copy - Employee copy
 4th copy - Dean