

Extended Leave Request Form

Name: _____ Position: _____

Division: _____ Dept: _____

Leave Funding Dates Requested (this is an estimate)

From: _____ Through _____

Totaling: _____ Days AND/OR _____ HOURS

Estimated Funding Required (include applicable fringes): _____

Replacement Recommendation

Existing Faculty/ Staff ___ Temporary Faculty ___

Temporary Staff ___

Reason For Leave

Sick (Self) ___ Sick (Spouse) ___ Sick (Child) ___ Military ___

Other ___ FMLA ___

Remarks: _____

Please note that medical absences of extended duration may fall under Family Medical Leave Act (FMLA) and all applicable paperwork must be submitted to Human Resources prior to approval. Orders for Military leave must be received prior to approval. This form must be completed in advance of leave except for illness. To the best of my knowledge, the above requirements have been met and this request complies with the extended leave funding policy.

Supervisor _____ Date

Dean _____ Date Dept. Chair/Director _____ Date

President _____ Date Provost/VicePresident _____ Date