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| --- | --- |
| Name: Click here to enter text. | Department: Click here to enter text. |
| Title: Click here to enter text. | Today’s Date: Click here to enter text. |
| Duration of Requested Title F Leave**:** Fall Semester  Spring Semester Academic Year  Other  Begin Date: Click here to enter a date. End Date: Click here to enter a date. | |
| Compensation during Requested Leave:  Full Salary  Reduced Salary $  Without Salary | |

**TITLE F LEAVE APPLICATION**

* Sufficient lead time must be given to your department and to the college to consider your proposal.
* Leaves must be requested using this application and routed to your immediate supervisor, the appropriate Provost/Vice President and finally the President. Approved applications will be forwarded to the Office of Human Resources for processing. Disapproved applications should be sent back to the requesting employee.
* Title F leaves are not granted with pay for the purpose of child care.

**PURPOSE OF REQUESTED LEAVE**

Below, please state the purpose of your requested Title F leave. Please be sure to include information regarding the leave’s value to you as an applicant and to the college.

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approvals:**  
Department Head:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approve  Disapprove Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Provost/Vice President:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approve  Disapprove Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
President:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approve  Disapprove Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_