



## **Faculty Request for Leave of Absence**

A faculty member requesting a leave of absence without pay shall submit the subsequent form to initiate the request for leave. The form includes the purpose of the leave and period of time the leave will cover. The completed document should be submitted to the faculty member's department chair.

The leave of absence without pay application shall be submitted to the Provost through the department chair, and dean. Each of the administrators listed above shall provide a recommendation regarding the request.

After a return to active duty of one year or more, the leave of absence privilege will again be available to the faculty member subject to the conditions above.

## Faculty Request for Leave of Absence Form

**Current Date:** \_\_\_\_\_  
(mm/dd/yyyy)

**Faculty Name:** \_\_\_\_\_

**Academic Title:** \_\_\_\_\_ **Employee ID#:** \_\_\_\_\_

**Department/School:** \_\_\_\_\_

**College:** \_\_\_\_\_

**Current Tenure Status:**      Tenured              Tenure-Track              Initial Date of hire at UTRGV or Legacy Institution: \_\_\_\_\_  
(mm/dd/yyyy)

**Period of Assignment for Leave:** \_\_\_\_\_ to \_\_\_\_\_  
(Should be consistent with fiscal year)      (mm/dd/yyyy)              (mm/dd/yyyy)

**Purpose of Leave**

Explain why leave is being requested.

**Signature of Faculty Requesting Leave:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**RECOMMENDATIONS and / or APPROVALS:**

\_\_\_\_\_  
Director/Department Chair (Print Name)              Signature              Date

\_\_\_\_\_  
Dean (Print Name)              Signature              Date

\_\_\_\_\_  
VP/Provost (Print Name)              Signature              Date