

UNIVERSITY OF ILLINOIS
APPLICATION FOR ADMINISTRATIVE LEAVE

Name

Unit

Position Title

Period of leave requested (4 months maximum; indicate specific beginning and ending dates of leave)

Supplementary financial aid, if any (specify source of aid and purposes for which aid is to be given)

Purpose for which leave is requested. (A brief statement of 25 words describing leave should be presented. Include information of where leave will be used.)

Statement of Plans

Attach a complete statement of plans and work expected to be accomplished appropriate for review and evaluation of the leave plans and a copy of your current resume.

Give number and kinds of involvement, if any, in off-campus experiences during the last five years requiring absence from campus of more than two consecutive weeks (vacation time excepted).

Signature of Applicant

Date

(To be completed by applicant or immediate supervisor)

How will administrative responsibilities be covered during absence?

Will leave involve additional expense to the campus? If so, give amount and explain.

Signature of Applicant

or Immediate Supervisor

Date

(To be completed by the Chancellor)

Recommend (encircle)

Approval

Disapproval

Signature of Chancellor

Date

--(For Chancellor's Office use)

Date of applicant's appointment to administrative staff

Dates of previous administrative leave