California State Polytechnic University, Pomona

ACADEMIC AFFAIRS DIVISION

REQUEST FOR FACULTY LEAVE OF ABSENCE WITHOUT PAY

Employee Name _____

College/Unit _____ Department _____

Place of Contact
While on Leave _____ _____
(Street Address) (Phone)

_____ _____ _____
(City) (State) (ZIP)

Current Status:

Permanent _____ Probationary _____
Part-Time Temporary _____
Full-Time Temporary _____

Type of Leave:

Partial _____ (Time Base)
Full _____
Extension of Previously Approved Leave _____

Leave Status:

Professional _____
Personal _____

Effective Date:

Fall Quarter From _____ Thru _____
Winter Quarter From _____ Thru _____
Spring Quarter From _____ Thru _____

Purpose:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

List Below All Leaves Taken Within The Last Five Years.
(Include Sabbatical Leaves, DIP, or Personal or Professional Leaves Without Pay.)

Period of Time	Description

Employee Signature _____ Date _____

Department Chair's Comments:

Dean or Director's Comments:

Line Organization Approval

Department Chair _____ Date _____

Dean _____ Date _____

Vice President for Academic Affairs _____ Date _____

Revised August 2009