DRURY UNIVERSITY
APPLICATION FOR STAFF UNPAID LEAVE OF ABSENCE

Part 1 – (To be completed by staff member and submitted to department head)

Name of Staff Member: _____

Department: _____

Job Title: _____

Name of Department Head: _____

Period of Unpaid Leave Requested

First day of leave: _____ Return to work: _____

Please describe the reason(s) this leave is being requested:

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Part 2 – (To be completed by department head and submitted to divisional vice-president)

Approval of request recommended?

____ Yes ____ No

Rationale for recommendation (attach page if necessary):

_____ _____

Signature of department head **Date**

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Part 3 – (Determination of divisional vice president and president after consultation with Dir. of HR)

_____ Request approved _____ Request denied

_____ _____

Divisional Vice President President

_____ _____

Date Date