Check One: Other Educational [3.1.11](http://policy.illinoisstate.edu/employee/3-1-11.shtml)\* Military [3.1.11](http://policy.illinoisstate.edu/employee/3-1-11.shtml)\*  Personal [3.6.22](http://policy.illinoisstate.edu/employee/3-6-22.shtml) \*

Submit completed form to your immediate supervisor.

1. **To Be Completed by Person Requesting Leave:**

Name: Department:

Dates Requested: From through close of business

Compensation During Leave:  100% Unpaid (see [3.6.22](http://policy.illinoisstate.edu/employee/3-6-22.shtml) \*)

* 100% Paid by University

**You may elect to purchase service credit during an unpaid leave. For more information, contact SURS at 1-800-275-7877.**

Primary Purpose of Leave (check one): Prior Leaves Granted (leave type, semester and year):

|  |  |  |
| --- | --- | --- |
|  1. Completion of course requirements toward an advanced degree. | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  2. Completion of an advanced degree. | 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  3. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location(s) While on Leave: |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **To be Completed by Immediate Supervisor (Department Chair/School Director/Supervisor):**

 Disapproved Reason:

 Approved for (dates): From through

How this leave will benefit the department and the University:

How work will be covered:

 Immediate Supervisor Signature Name (Please Print) Date

1. **To be Completed by 2nd Level Supervisor(Administrator/Dean):**

 Approved  Disapproved Comments:

 2nd Level Supervisor Signature Name (Please Print) Date

**IV. To be Completed by University President: To be Completed by Human Resources:**

  Approved  Disapproved  Approved  Disapproved

University President Signature Date Human Resources Signature Date