

UNIVERSITY OF LOUISIANA SYSTEMS

REQUEST FOR LEAVE OF ABSENCE

Institution: _____

Employee: _____ Employee ID: _____

Title: _____ Department: _____ Highest Degree: _____

Birth date: Month _____ Day _____ Year _____ Age: _____

Number of Consecutive Fiscal Years of Active Service in Louisiana _____

Number of Semesters of Active Service at this Institution: _____

Purpose of Leave Requested (check one):

_____ Professional or Cultural Improvement

_____ Rest & Recuperation (statements from two physicians must be attached)

_____ Military

_____ Other (specify) _____

Type of Leave Requested (check one):

_____ With Pay Amount: _____

_____ Without Pay

Length of Leave Requested (number of weeks): _____

Effective Dates of Leave: Beginning: _____ Ending: _____

Manner in which this leave, if granted, will be spent: _____

I have reviewed the RULES (Bylaws, and Policies and Procedures) OF THE UNIVERSITY OF LOUISIANA SYSTEM, STATE OF LOUISIANA at chapter III, Section V, pertaining to Leaves of Absence and hereby agree to comply with the provisions enumerated therein.

Date of Application: _____ Signature of Applicant: _____

PRIOR LEAVE RECORD FROM THIS INSTITUTION (To be certified by the Institution:)

Date of Last Leave: _____ Length of Last Leave: _____

Type of Last Leave: With Pay _____ Amount _____ or Without Pay _____

APPROVAL BY HEAD OF DEPARTMENT:

Date: _____ Department: _____ Signature: _____

Department Head must include a letter of recommendation with this application when it is forwarded to the appropriate Dean and Vice President.

APPROVEAL BY DEAN AND VICE PRESIDENT:

Dean of : _____

Signature: _____

Signature: _____

Vice President of Academic Affairs

Date: _____

Date: _____

APPROVAL BY THE HEAD OF THIS INSTITUTION:

Date: _____

Signature: _____

APPROVAL BY THE UNIVERSITY OF LOUISIANA SYSTEM:

Date: _____

Signature of the System Board: _____

I. OFFICIAL SABBATICAL LEAVE WITH FRACTIONAL PAY

(75% of present salary) _____

During a period of official leave with fractional pay, a higher percentage of retirement withholding will be assessed against your fractional pay (i.e. you will be assessed as if you were earning 100 percent of your present salary) to allow for full retirement credit during the official leave period. The institution will pay full employer's share (The University of Louisiana System's Policies and Procedures manual at Chapter III, Section V.)

The leave pay shall be distributed over the entire period of that leave.

II. OFFICIAL LEAVE WITHOUT PAY

During a period of official leave without pay, under present law, you cannot make contributions of your share and/or the employer's share of the salary you would have been paid by the institution during that period of leave.

In order to purchase this time, you must consult with your respective Retirement System.

I fully understand the above statements.

Date: _____

Signature: _____
Applicant for Leave

APPROVED:

Date: _____

Signature _____
President of Southeastern Louisiana University