

ILLINOIS STATE UNIVERSITY
Leave of Absence Request – Faculty and A/P

PERS917

4/21

* University policy numbers referenced as applicable.

III. To be Completed by 2nd Level Supervisor/Department Head/Administrator:

Approved Disapproved Comments: _____

2nd Level Supv./Dept. Head/Admin. Signature Name (Please Print) Date

IV. For Faculty – To be Completed by Provost:

Approved Disapproved

Time on leave will count toward eligibility for:

Promotion:	Yes	No	NA
Tenure:	Yes	No	NA
Sabbatical:	Yes	No	NA

For A/P – To be Completed by Human Resources:

Approved Disapproved

For A/P Educational Leave – To be Completed by Provost:

Approved Disapproved

Provost Signature (all Faculty; A/P Educational) Date _____
Human Resources Signature Date