

UNIVERSITY OF NORTH TEXAS™

FACULTY APPLICATION FOR APPROVAL OF LEAVE (Other Than Sick Leave)

This form must be submitted and approved in advance for leaves and other absences from duty. Leave without pay that extends beyond the second year requires prior approval of the Board of Regents. Note: To report faculty sick leave, use Form VPAA 151, Faculty Sick Leave Reporting Form.

Date _____

Name _____ Department _____

LEAVE WITH PAY

- Administrative Leave (requires signatures 1-4)
- Military Leave (requires signatures 1-3)

- Jury Duty or Witness (requires signatures 1-3)
- Emergency Leave (requires signature 1, unless greater than three days or someone other than individuals listed in UNT Policy 1.4.4)

Other : _____
 (If leave is for a period of 2 weeks or longer during a fall or spring term OR 1 week or longer during a summer term, this form must be forwarded to the Provost and VPAA. Required signatures depend on activity)

LEAVE WITHOUT PAY

- Leave Without Instructional Salary (requires signatures 1-4)

- Leave Compensated from Other Salary Sources (requires signatures 1-4)

Dates of Leave or Absence

From: _____ To: _____

Total Leave Time: _____
(Specify hours, days, semester, etc.)

Reason for leave and explanation of how your duties (classes, meetings, etc.) will be covered in your absence:

Documentation Attached (Military Orders, Court Summons, etc.)

I hereby certify that the above statements are true and correct.

Signature _____

- | | | | | | |
|----|-----------------------------------|--------------------------------------|------------------|-------|-------|
| 1. | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Department Head | _____ | _____ |
| | | | | | Date |
| 2. | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Dean or Director | _____ | _____ |
| | | | | | Date |
| 3. | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Provost and VPAA | _____ | _____ |
| | | | | | Date |
| 4. | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | President | _____ | _____ |
| | | | | | Date |

Explanation if Disapproved: