

REQUEST FOR ACADEMIC SPECIAL LEAVE OF ABSENCE WITH FULL SALARY
(If pay status changes to *without salary*, use Form 1062 or 1604, as appropriate)

NAME IN FULL					
(Last)		(First)	(Middle)	(Mr., Mrs., Miss)	
TITLE OF POSITION		DEPARTMENT		CAMPUS	
PERIOD OF LEAVE FROM: TO:		DESTINATION			
REASON FOR LEAVE					
WILL YOU BE PAID FOR ANY TRAVEL EXPENSES AND/OR PER DIEM? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, BY WHOM?		
WILL YOU RECEIVE ADDITIONAL COMPENSATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHAT AMOUNT DO YOU EXPECT TO RECEIVE? \$		
DISPOSITION OF WORK (if teaching, list courses and names of persons in charge)					
APPROVALS					
1. CHAIRMAN OR HEAD OF DEPARTMENT		DATE	3. CHANCELLOR		DATE
2. DEAN		DATE	4. PRESIDENT (leaves of over 30 days only)		DATE