



Please print or type and ensure all information is provided as incomplete forms can delay processing.

 Last Name First Name Middle Name Employee ID Number

Current Assignment:

 Location Title of Position Subject Field / Department

1. EMPLOYER DATA WHILE ON LEAVE: COMPLETE THIS SECTION IF YOU WILL RECEIVE ANY SALARY FROM AND OUTSIDE EMPLOYER WHILE ON LEAVE

 Employer

 Address

Hours: From _____ a.m. To _____ p.m.

Days: M T W T H F S

 Monthly Income

 Job Description

2. LEAVE DATA:

 Number of Months Requested

 Beginning Month & Year

 Ending Month & Year

Indicate type of leave activity, and attach appropriate plan

_____ Formal Study: Form C1125

_____ Independent Study: Form C1126

Check, if Applicable

_____ 2nd half of "split" Retraining & Study Leave (Must be taken so that second half is completed within a 3 year period)

_____ Extension of current Retraining & Study Leave

 Signature

 Date

 Supervisor's Acknowledgement

 Date

 Committee's Approval

 Date