



NAME: _____

DEPARTMENT(S): _____

TITLE: _____

TYPE OF LEAVE:

- | | |
|------------------------------|-----------------------------------|
| Leave of Absence With Pay | Leave of Absence With Partial Pay |
| Leave of Absence Without Pay | Goddard Fellowship (at Full Pay) |

DURATION OF LEAVE:

- | | |
|-------------------------|-------------|
| Academic Year 2018-2019 | Fall 2018 |
| Calendar Year 2019 | Spring 2019 |

PURPOSE OF LEAVE:

PLEASE GIVE A SHORT DESCRIPTION OF YOUR LEAVE PROJECT:

IF YOU HAVE APPLIED FOR SUPPLEMENTAL FINANCIAL AID TO AN OUTSIDE AGENCY, FOR THE PERIOD OF THE PROPOSED LEAVE, PLEASE STATE:

NAME OF AGENCY: _____

ADDRESS OF AGENCY: _____

AMOUNT OF SUPPLEMENTAL FINANCIAL AID SOUGHT: _____

DATE YOU EXPECT CONFIRMATION OF EXTERNAL FUNDING: _____

IF YOU HAVE APPLIED FOR A SALARY SUPPLEMENT FROM FAS, ATTACH A COPY OF THE REQUEST AND/OR APPROVAL. NOTE: SUPPLEMENTS ARE AT THE DISCRETION OF THE DEAN OF FAS.

APPLICANT'S SIGNATURE: _____ DATE: _____

CHAIR'S SIGNATURE: _____ DATE: _____