



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 2019-2020 | Fall 2019   |
| Calendar Year 2020      | Spring 2020 |

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: \_\_\_\_\_