

COLLEGE OF FINE ARTS AND COMMUNICATION  
Twelve Month Administrative Leave Request

Department \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Type of Leave Requested:

\_\_\_\_\_ Vacation \_\_\_\_\_ Other Please specify: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Approved by Department Chairperson/Manager

\_\_\_\_\_  
Approved by Dean  
(Dean's signature is approval of time requested)

(Revised 7/00)

NOTE: A COPY OF THIS REQUEST WILL BE KEPT IN THE DEAN'S OFFICE IN ORDER TO KEEP LEAVE RECORDS UPDATED.