|  |  |
| --- | --- |
| Name: Click here to enter text. | Department: Click here to enter text. |
| Title: Click here to enter text. | Today’s Date: Click here to enter text. |
| Duration of Requested Title F Leave**:** Fall Semester  Spring Semester Academic Year  Other Begin Date: Click here to enter a date. End Date: Click here to enter a date. | |
| Compensation during Requested Leave:  Full Salary  Reduced Salary $  Without Salary | |

**TITLE F LEAVE APPLICATION  
  
>** Sufficient lead time must be given to your department and to the college to consider your proposal.

**>** Leaves must be requested using this application and routed to your immediate supervisor/department head, Dean (if applicable), the appropriate Cabinet-level Administrator, and finally the President. Approved applications will be forwarded to Human Resources & Payroll Services for processing. Disapproved applications should be sent back to the requesting employee.

**>** Title F leaves are not granted with pay for the purpose of child care.

**PURPOSE OF REQUESTED LEAVE**

Below, please state the purpose of your requested Title F leave. Please be sure to include information regarding the leave’s value to you as an applicant and to the college.

**Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPROVALS:  
Immediate Supervisor/Department Head:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Approve**  **Disapprove Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Dean (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approve  Disapprove Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cabinet-level Administrator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approve  Disapprove Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
President:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approve  Disapprove Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**