

Miami University

Application for Personal Leave within the Division of Academic Affairs

Name: _____ Banner # OR Unique ID: _____

Department: _____ Campus: _____

Faculty: Unclassified Staff: Academic Rank: _____

Job Title: _____ Year of Leave: _____

Period of Leave _____ OR From _____ To _____

Give the reason(s) for your request for a personal leave: (Use additional document and attach, if necessary)

Note: If this leave request is related to an award or visiting appointment, attach documentation with details.

Yes No Are you requesting the continuation of any fringe benefits (health, life insurance, or dental, if applicable)?

If yes, identify which of your benefits you wish to have continued, and provide a brief justification for their continuance.

Signature of applicant:

Date:

Identify any special conditions associated with your recommendation for approval.

Recommended for approval: (Regional Campus faculty/staff need Regional Campus Dean and Chair or supervisor approval only for Provost's review).

Department Chair / Supervisor:

Date:

Regional Campus Dean (if applicable): _____

Date: _____

Dean: _____

Date: _____

Provost: _____

Date: _____
