

University of Pennsylvania -- APPLICATION FOR LEAVE OF ABSENCE

Applicant

School

Department

NATURE OF PROPOSED ACTION: *(To be completed at the School level with full description as action should be minuted)*

Type of Leave Requested: Scholarly Employment elsewhere
 Other (state purpose): _____

Leave Requested: from _____ to _____ with salary without salary

Previous Leaves: from _____ to _____ with salary without salary
 from _____ to _____ with salary without salary
 from _____ to _____ with salary without salary

Salary Requested During Leave:

To Be Paid During:	Amount Requested:	Total Sources Paid Through University:	
<input type="checkbox"/> Academic Year	<input type="checkbox"/> Full Salary	<input type="checkbox"/> Leave Budget	<input type="checkbox"/> %
<input type="checkbox"/> Fall Term	<input type="checkbox"/> One-half Salary	<input type="checkbox"/> Grant or Contract	<input type="checkbox"/> %
<input type="checkbox"/> Spring Term	<input type="checkbox"/> None	_____	<input type="checkbox"/> %
<input type="checkbox"/> Other _____	<input type="checkbox"/> Partial	Other	

Benefits Coverage:

<input type="checkbox"/> I request my benefits to be continued with University contribution	<input type="checkbox"/> Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Medical	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I have made other arrangements to continue my benefits program	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Main Objective of Leave: *(Please attach letter detailing request)*

(Applicant's Signature)

(Date)

CHAIRMAN'S RECOMMENDATION AND SCHOOL ACTION:

Leave replacement needed (list courses) _____
 Leave replacement unnecessary Estimated replacement cost: \$ _____

(Chairman's Signature) Date: _____ Approved: _____

Comments: _____

(Dean's Signature)

PSC ACTION TAKEN:

Date of Provost's Staff Conference: _____

Approved: _____ Not Approved: _____ Conditionally Approved: _____
Comments: _____