

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 notified)

Type of Leave Requested:

_____ Scholarly
_____ Other (state purpose): _____ Employment elsewhere

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	
_____ Academic Year	_____ Full Salary	_____ Leave Budget	_____ %
_____ Fall Term	_____ One-half salary	_____ Grant or Contract	_____ %
_____ Spring Term	_____ None	_____ _____	_____ %
_____ Other _____	_____ Partial	(Other)	

Benefits Coverage:

_____ I request my benefits to be continued with University contribution	_____ Retirement	_____ Yes	_____ No
	_____ Medical	_____ Yes	_____ No
	_____ Dental	_____ Yes	_____ No
_____ I have made other arrangements to continue my benefits program	_____ Life Insurance	_____ Yes	_____ No
	_____ Other _____	_____ Yes	_____ No

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

(Applicant's Signature)

(Date)

CHAIR'S RECOMMENDATION AND SCHOOL ACTION:

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

If taking a scholarly leave:

Number of Sabbatical Credits Available*: _____ Number of Sabbatical Credits Used: _____

(Chair's Signature)

Date: _____ Approved _____

Comments: _____

(Dean's Signature)