



**APPLICATION FOR A PROLONGED LEAVE OF ABSENCE WITHOUT PAY FOR PERSONAL REASONS**

A . INCLUSIVE DATES OF LEAVE : \_\_\_\_\_

B . BRIEF NARRATIVE OF REASON FOR LEAVE

C . SHOULD I FAIL TO RETURN TO WORK ON \_\_\_\_\_ I SHALL BE CONSIDERED  
RESIGNED FROM MY XU EMPLOYMENT. (date)

\_\_\_\_\_  
Print and Sign Name of Applicant

\_\_\_\_\_  
Unit

**TO BE FILLED UP BY UNIT HEAD:**

/ / I recommend approval of this application. State plan for replacement.

/ / I do not recommend approval of this application. State reason.

\_\_\_\_\_  
Printed Name and Signature of Unit Head/Chair

OTHER COMMENTS (if applicant is Faculty-Tertiary level)

\_\_\_\_\_  
Academic Vice President

\_\_\_\_\_  
Printed Name and Signature of Dean

HISTORY OF EMPLOYMENT OF APPLICANT:

\_\_\_\_\_  
Human Resources Director

**TO BE FILLED UP BY UNIVERSITY PRESIDENT**

/ / Application is approved

/ / Application is not approved

\_\_\_\_\_  
University President