



# REQUEST FOR INFORMATION FOLLOWING FACULTY LEAVE

*To be completed by faculty member returning from leave and submitted to his/her Department/Unit for review. Department/Unit will forward to the College/Unit leaves committee for their review. To be submitted within 10 days after the beginning of the semester. Not required for a personal leave of absence without pay.*

NAME \_\_\_\_\_

DATE \_\_\_\_\_

COLLEGE \_\_\_\_\_

DEPARTMENT/SCHOOL \_\_\_\_\_

PERIOD OF LEAVE:

TYPE OF LEAVE:

FROM: \_\_\_\_\_

Sabbatical

TO: \_\_\_\_\_

Difference In Pay

Other Professional Leave with/without Pay

PURPOSE OF LEAVE (as stated on leave application). *Text box auto expands as needed when you exit from field.*

DID YOU ACCOMPLISH THE PURPOSE OF LEAVE?                      YES                      NO

STATEMENT OF VERIFICATION OF WORK ACCOMPLISHED ON LEAVE: *Text box auto expands as needed when you exit from field.*

For sabbaticals and difference-in-pay leaves, a full report of leave activities must be filed with the department and college offices within one semester of return from leave (FPPP 13.1.2.f and 13.1.3.e)

\_\_\_\_\_  
Faculty Member Signature

\_\_\_\_\_  
Date

Approval      YES              NO              \_\_\_\_\_  
Department Chair/Director                      Date: \_\_\_\_\_

Approval      YES              NO              \_\_\_\_\_  
College/Unit Leaves Committee Chair                      Date: \_\_\_\_\_

Approval      YES              NO              \_\_\_\_\_  
College Dean or VP for Student Affairs                      Date: \_\_\_\_\_  
(for counselors only)

Approval      YES              NO              \_\_\_\_\_  
Vice Provost for Faculty Affairs and Success                      Date: \_\_\_\_\_  
or VP for Student Affairs (for counselors only)