INSTRUCTIONS

This form is to be completed by the employee for any leave of absence, whether paid or unpaid, 30 days prior to the start of the leave or as soon as foreseeable.

The form must be signed by <u>the faculty member</u>, <u>the Chair</u>, <u>the Dean</u>, <u>and Provost and returned to Human Resources</u>. If the leave is for medical/pregnancy reasons, a "Certification of Health Care Provider" form must be completed by a physician and submitted to Absence Pro.