UNIVERSITY OF NORTH TEXAS

FACULTY APPLICATION FOR APPROVAL OF LEAVE (Other Than Sick Leave)

This form must be submitted and approved in advance for leaves and other absences from duty. Leave without pay that extends beyond the second year requires prior approval of the Board of Regents. Note: To report faculty sick leave, use Form VPAA 151, Faculty Sick Leave Reporting Form.

Date							
Name			Departmen	nt		_	
LEAVE WITH PAY							
	•	ative Leave (requires signatures eave (requires signatures 1-3)	s 1-4)		Jury Duty or Witness (requires signatures 1-3) Emergency Leave (requires signature 1, unless greater than three days or someone other than individuals listed in UNT Policy 1.4.4)		
	Other:				• /		
	(f	If leave is for a period of 2 weeks forwarded to the Provost and VPA	or longer during a fall or sprii A. Required signatures depend	ng tern d on ac	n OR 1 week or longer during a summer term, this form must be ctivity)		
	LEAVE WITHOUT PAY						
		thout Instructional Salary gnatures 1-4)			Leave Compensated from Other Salary Sources (requires signatures 1-4)		
Date From:	es of Leave o	or Absence					
Total	Leave Time:						
	(S	pecify hours, days, semester,	etc.)				
Reaso	n for leave and e	explanation of how your du	ities (classes, meetings, e	etc.) v	will be covered in your absence:		
	Documentation	on Attached (Military Orde	ers, Court Summons, etc.	.)			
I here	by certify that th	e above statements are true	e and correct.				
Signat	ture						
1.	Approved	Disapproved	Department Head				
2.	Approved	☐ Disapproved	Dean or Director		Date		
3.	Approved	☐ Disapproved	Provost and VPAA		Date		
4.	Approved	☐ Disapproved	President		Date		
	– 11				Date		
Expla	nation if Disappı	roved:					