

**APPLICATION FOR
LEAVE OF ABSENCE
University of Nebraska-Lincoln**

Name of Applicant _____

College _____

Department _____

Rank _____ Hire Date _____

Leave of Absence Requested:

- Military
- Jury
- Personal
- Temporary Disability/Sick
- Educational (e.g. Fellowship)
- Faculty Development Fellowship
- Family Medical Leave
- Other: (Explain) _____

Date of Leave of Absence:

OR

Dates of Fellowship:

- Fall Semester: _____
- Spring Semester: _____
- Academic Year: _____
- Other: _____

Proposal must be attached

Signature of Applicant

Date

APPROVALS:

Chair

Date

Dean

Date

Senior Vice Chancellor
For Academic Affairs

Date