Baylor University

Leave of Absence Request Form

Department Name: _____

Effective Date of Leave: _____ / _____ / _____ Expected Return Date: _____ / _____ / _____

Employee Name: _____
Last First MI

Baylor ID Number: _____ Paid: ◯ Monthly ◯ Biweekly

Position Title: _____

Type of Leave: ◯ Sick ◯ Education ◯ Military

Reason and Specific Purpose for Request:

Department Chair / Supervisor Name (please print): _____

_____ _____ / _____ / _____
Department Chair / Supervisor Signature DATE

Academic Dean / Department Head Name (please print): _____

_____ _____ / _____ / _____
Academic Dean / Department Head Signature DATE

Division Head Name (please print): _____

_____ _____ / _____ / _____
Division Head Signature DATE

(HR USE ONLY) **Approved:** ◯ YES ◯ NO

Eligible for Benefits: ◯ YES ◯ NO

Reviewer Name: _____ DATE: _____ / _____ / _____