

**FORM L-2  
APPLICATION FOR LEAVE WITHOUT SALARY (LWOS)**

Name:  
Department:  
Date of Initial EIU Appointment:  
Years of Service at EIU (to next June):

**Time Leave Requested**

(1=first choice, 2=second choice)

- ½ Year (Proposed Dates: )  
 Full Year  
 Other (describe):

Attach 1 - 2 page specific description of planned leave activities and accomplishments.

Purpose:  Personal  Research  Advanced Study  Professional Development  Public Service

Date of Application: Signature of Applicant:

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**Supervisor/Chairperson Recommendation**

Recommend Disapproval

Reason: (If leave plan unacceptable)

Recommend Approval for:

- ½ Year (Proposed Dates: )  
 Full Year  
 Other (describe):

Recommend Replacement:

Yes  No

If yes, Supervisor/Chair must attach a statement of justification for replacement.

Date of Recommendation: Signature of Chairperson:

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**Director/Dean Recommendation**

Recommend Disapproval

Reason (If leave plan unacceptable):

Recommend Approval for:

- ½ Year (Proposed Dates: )  
 Full Year  
 Other (describe):

Recommend Replacement:

Yes  No

Date of Recommendation: Signature of Dean:

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**VPAA Recommendation**

Recommend Disapproval

Reason (If leave plan unacceptable):

Recommend Approval for:

- ½ Year (Proposed Dates: )  
 Full Year  
 Other (describe):

Recommend Replacement:

Yes  No

Date of Recommendation: Signature of VPAA:

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**Action by President**

\*Eligible for State Insurance: Yes  No

Please note that the application will be placed in the personnel file. \*Regardless of leave purpose, insurance benefits are subject to state rules and regulations including lifetime limits. Please consult Human Resource Benefits and CMS as you may have additional liabilities and costs.