

FORM L
APPLICATION FOR LEAVE WITHOUT SALARY (LWOS)
TENURED/TENURED TRACK FACULTY/ACF

Name:

Department:

Date of Initial EIU Appointment:

Tenure: Yes ☐ No ☐ N/A ☐

Date of Tenure:

I desire that time spent on leave:

☐ count ☐ not count toward probationary period.**Time Leave Requested**

(1=first choice, 2=second choice)

☐ Fall Semester☐ Spring Semester☐ Academic 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:

Chairperson Recommendation☐ Recommend Disapproval

Reason: (If leave plan unacceptable)

☐ Recommend Approval for:☐ Fall Semester☐ Spring Semester☐ Academic Year☐ Other (describe):

Recommend Replacement:

Yes ☐ No ☐If yes, Chair must attach a statement of
justification for replacement.

Date of Recommendation:

Signature of Chairperson:

Dean Recommendation☐ Recommend Disapproval

Reason (If leave plan unacceptable):

Recommend Approval for:

☐ Fall Semester☐ Spring Semester☐ Academic Year☐ Other (describe):

Recommend Replacement:

Yes ☐ No ☐

Date of Recommendation:

Signature of Dean:

VPAA Recommendation☐ Recommend Disapproval

Reason (If leave plan unacceptable):

Recommend Approval for:

☐ Fall Semester☐ Spring Semester☐ Academic Year☐ Other (describe):

Recommend Replacement:

Yes ☐ No ☐

LWOS time to:

☐ count ☐ not count toward probationary period.☐ count ☐ not count toward promotion period.

Date of Recommendation:

Signature of VPAA:

Action by PresidentApprove LWOS: Yes ☐ No ☐*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.