



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.

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 President

Approve 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.