

HAMPTON UNIVERSITY
Hampton, Virginia 23688

APPLICATION FOR LEAVE

PERSONAL INFORMATION

DATE: _____

Name _____ Rank _____

Division and Department _____

Years employed at Hampton University (Give date or dates) _____

LEAVE INFORMATION

Nature of leave requested (check one): Leave without pay Other

Period for which leave is requested: Beginning _____ Ending _____

Address during leave _____

Reason for leave _____

If leave is requested for further study, please fill in the following information:

Name and location of institution _____

Work toward completion of requirements for _____ degree.

Signature _____

Recommended by _____

Department Chairperson

Dean/Director

Approved By _____

Provost or Vice President for Health

Date: _____

Approved By _____

President