

Leave of Absence Request Form

Effective Date of Leave:///	_	Expected Ret	urn Date:/	/
Employee Name:Last				
Last		First		MI
Baylor ID Number:	_	Paid:	Monthly	Biweekly
Position Title:				
Type of Leave: Sick		Education	1	Military
Reason and Specific Purpose for Request:				
Department Chair / Supervisor Name (please prin	.17.			
	it):			
Department Chair / Supervisor Signature				/
Department Chair / Supervisor Signature Academic Dean / Department Head Name (please			/	/
Department Chair / Supervisor Signature Academic Dean / Department Head Name (please	e print):		/	/
Department Chair / Supervisor Signature Academic Dean / Department Head Name (please Academic Dean / Department Head Signature	e print):			/
Department Chair / Supervisor Signature Academic Dean / Department Head Name (please	e print):			/
Department Chair / Supervisor Signature Academic Dean / Department Head Name (please Academic Dean / Department Head Signature Division Head Name (please print):	e print):		/	/
Department Chair / Supervisor Signature Academic Dean / Department Head Name (please Academic Dean / Department Head Signature	e print):		/	/
Department Chair / Supervisor Signature Academic Dean / Department Head Name (please Academic Dean / Department Head Signature Division Head Name (please print): Division Head Signature	e print):		/	/
Department Chair / Supervisor Signature Academic Dean / Department Head Name (please Academic Dean / Department Head Signature Division Head Name (please print):	e print):		/	/
Department Chair / Supervisor Signature Academic Dean / Department Head Name (please Academic Dean / Department Head Signature Division Head Name (please print): Division Head Signature	e print):		/	/