APPLICATION FOR
LEAVE OF ABSENCE
University of Nebraska-Lincoln

Name of Applicant _____

College _____

Department _____

Rank_____Hire Date _____

Leave of Absence Requested:

- ☐ Military
- ☐ Jury
- ☐ Personal
- ☐ Temporary Disability/Sick
- ☐ Educational (e.g. Fellowship)
- ☐ Family Medical Leave
- ☐ Other: (Explain) _____

Dates of Leave of Absence: _____

Please attach appropriate documentation to this form.
Please do not use this form for leave associated with a Faculty Development Fellowship. Instead, use the Application for Faculty Development Fellowship Coversheet.

_____
Signature of Applicant Date

Approvals:

_____ _____
Chair Date Chair Date
(secondary department/program if applicable)

_____ _____
Dean Date Executive Vice Chancellor Date
Or
Vice Chancellor, IANR