

**REQUEST FOR ACADEMIC SPECIAL LEAVE OF ABSENCE WITH FULL SALARY**  
(If pay status changes to *without salary*, use Form 1062 or 1604, as appropriate)

NAME IN FULL					
(Last)		(First)	(Middle)	(Mr., Mrs., Miss)	
TITLE OF POSITION		DEPARTMENT		CAMPUS	
PERIOD OF LEAVE FROM:                      TO:		DESTINATION			
REASON FOR LEAVE					
WILL YOU BE PAID FOR ANY TRAVEL EXPENSES AND/OR PER DIEM? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, BY WHOM?		
WILL YOU RECEIVE ADDITIONAL COMPENSATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHAT AMOUNT DO YOU EXPECT TO RECEIVE?    \$		
DISPOSITION OF WORK (if teaching, list courses and names of persons in charge)					
<b>APPROVALS</b>					
1. CHAIRMAN OR HEAD OF DEPARTMENT		DATE	3. CHANCELLOR		DATE
2. DEAN		DATE	4. PRESIDENT (leaves of over 30 days only)		DATE