

**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