## **Administrative Leave With Pay Application and Approval Form**

**INSTRUCTIONS** This form is used by departments to request the approval of Administrative Leave to recognize eligible employees for special outstanding accomplishments or performance. Administrative leave is subject to procedures and guidelines outlined in System Regulation 31.03.03, and Standard Administrative Procedure 31.03.03.M0.03. **Department heads should begin the routing approval process in line 1 and forward for further review to the division's Vice President listed in line 4. Lines 2 and 3 may be used in the routing process where required. Additional documentation may be attached to this form.** 

Supervisor/Manager initiating request (printed	I name)	Date of Award
Department		Number of hours requested (maximum 32 hours per fiscal year)
Name(s) & UIN(s) of Employee(s) recommend	ded for Administrative Leave Wi	h Pay:
Description of performance warranting Admini	istrative Leave With Pay:	
		inistrative Leave with Pay and have verified d Administrative Procedure 31.03.03.M0.03:
Supervisor/Manager Signature* Date		Date
*Note to Managers and Supervisors: If approved the date in which the hours must be used (12 mapproved by the department head and commun	nonths from the date of the awar	ified of this award (preferably in writing) and given d). Any exceptions to this timeframe must be
1. Department Head / Director	☐ A <sub>i</sub>	pproved  Not Approved
Department Head / Director Name (printed)	Department Head or desi	gnee signature Date
Department Head / Director Name (printed)  2. If Applicable - Dean / Provost or otl		pproved Not Approved
2. If Applicable - Dean / Provost or otl		
2. If Applicable - Dean / Provost or otl	her routing to VP: Ap	pproved Not Approved
2. If Applicable - Dean / Provost or otl  Authorized Name (printed)	her routing to VP: Ap	pproved Not Approved  Date
2. If Applicable - Dean / Provost or oth  Authorized Name (printed)  3. If Applicable - Additional routing to	her routing to VP: Ap  Authorized signature  Vice President: Ap  Authorized signature	pproved Not Approved  Date  Date
2. If Applicable - Dean / Provost or oth  Authorized Name (printed)  3. If Applicable - Additional routing to  Authorized Name (printed)	her routing to VP: Ap  Authorized signature  Vice President: Ap  Authorized signature	pproved Not Approved  Date  Date  Date  Date  Date  Date  Date

Division Vice President or Designee in line 4

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