**UNIVERSITY of PENNSYLVANIA --APPLICATION FOR LEAVE OF ABSENCE**

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**Applicant**

**School of Arts and Sciences**

**Department**

**NATURE OF PROPOSED ACTION:** (To be completed at the School level with full description as action should be minuted)

**Type of Leave Requested:**
- Scholarly
- Employment elsewhere
- Other (state purpose):

**Leave Requested**
- from ________ to ________
- with salary ________ without salary

**Previous Leaves**
- from ________ to ________
- with salary ________ without salary
- from ________ to ________
- with salary ________ without salary
- from ________ to ________
- with salary ________ without salary

**Salary Requested During Leave:**

<table>
<thead>
<tr>
<th>To Be Paid During</th>
<th>Amount Requested</th>
<th>Total Sources Paid Through University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Year</td>
<td>Full Salary</td>
<td>Leave Budget</td>
</tr>
<tr>
<td>Fall Term</td>
<td>One-half Salary</td>
<td>Grant or Contract</td>
</tr>
<tr>
<td>Spring Term</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Partial</td>
<td></td>
</tr>
</tbody>
</table>

**Benefits Coverage:**

- I request my benefits to be continued with
  - University contribution
    - Retirement
    - Medical
    - Dental
  - Other
    - Life Insurance
    - Other

**Main Objective of Leave:** (Please attach letter detailing request)

**(Applicant's Signature) (Date)**

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**CHAIRMAN'S RECOMMENDATION AND SCHOOL ACTION:**

- Leave replacement needed (list courses)
- Leave replacement unnecessary

**Estimates replacement costs $**

**Note:** In evaluating the need for leave replacements, department chairs are responsible for taking into account all teaching, including that in interdisciplinary and interdepartmental programs.

**Date: ___________________________**

**Approved: ___________________________**

**Comments: ________________________________________**

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**Dean's Signature**

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**PSC ACTION TAKEN**

Date of Provost's Staff Conference: ________________

Approved __________ Not Approved __________ Conditionally Approved __________

Comments: ________________________________________