
FORM K-2
APPLICATION FOR RETRAINING LEAVE
ACADEMIC SUPPORT PROFESSIONALS

Name:
Department:
Date of Initial EIU Appointment:
Years of Service at EIU (to next June):

Time Leave Requested

(1=first choice, 2=second choice, 3=third choice)

- ½ Year (Proposed Dates:)
 Full Year
 Other (describe):

Attach 1 - 3 page specific description of planned retraining leave purposes, methods, and timetable.

Date of Application:

Signature of Applicant:

Supervisor/Chairperson Recommendation

Reaction to Proposal:

Recommend Approval for:

Recommend Replacement:

- ½ Year (Proposed Dates:) Yes No
 Full Year
 Other (describe):
 Not Recommended

If yes, Supervisor/Chair must attach a statement of justification for replacement.

Date of Recommendation:

Signature of Chairperson:

Director/Dean Recommendation

Reaction to Proposal:

Recommend Approval for:

Recommend Replacement:

Reason *(If leave plan unacceptable)*:

- ½ Year (Proposed Dates:) Yes No
 Full Year
 Other (describe):
 Not Recommended

Date of Recommendation:

Signature of Dean:

VPAA Recommendation

Reaction to Proposal:

Approved for:

Replacement Required:

- ½ Year (Proposed Dates:) Yes No
 Full Year
 Other (describe):
 Disapproved, reason

University Priority Ranking

Date of Recommendation:

Signature of VPAA:

Action by President

Please note that the application will be placed in the personnel file.