



EMPLOYEE INFORMATION

Name: _____ OSU ID: _____ Rank: _____

Unit: _____ College/Division: _____

LEAVE REQUEST INFORMATION

Leave Begin Date: _____ Leave Return Date: _____

Dates of Last LWOP: _____

Mailing address(es) while on leave (if known):

Email address while on leave: _____

Purpose for leave (optional): _____

This request is contingent upon: Fulbright Research Grant Visiting Professorship Other
Anticipated decision date: _____

I understand that leave approval is granted for the dates specified on this form only. If I neglect to return to active service at Oregon State University, at the agreed upon date, I will be considered to have resigned, and relinquished tenure if applicable.

Employee Signature: _____ Date: _____

APPROVALS

Unit Head: _____ Date: _____

College/Division: _____ Date: _____

For Requests Greater Than Two Years

Vice Provost for Faculty Affairs: _____ Date: _____