

COMPENSATED LEAVE PROGRAM

Name: _____

Date of Application: _____

Social Security Number: _____

Department: _____

Position: _____

Leave Requested Date: From _____ to _____

Purpose of the Leave: _____

Description of activities intended to accomplish leave purpose: _____

Anticipated Results: _____

Statement of Good Faith Intention to Return

I intend to return to the College for at least two (2) years following this leave. In the event that I fail to return to service at the expiration of such leave and to serve for two years, I shall refund all sums (including fringes) paid me or on my behalf by the Board of Trustees during my leave.

Applicant Signature _____ Date _____

If additional space is needed, attach separate sheet

••••• Section Below Is For Senior Administrative Use Only
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Senior Officer's statement of work distribution and/or replacement plans: _____

Recommendation Signature _____

