

APPLICATION FOR RENEWAL/UPGRADE LEAVE



PART I – To be completed by Applicant	
EMPLOYEE'S NAME	Please circle one: FACULTY SUPPORT ADMINISTRATIVE
DEPARTMENT/PROGRAM SECTION	

Leave requested from _____ to _____

Duration of leave in weeks _____

Industry/Institution where leave will be spent _____

Objectives for the leave _____

Description of activity and its direct relationship to present functions or changes of functions of Staff Member

Signature of Applicant _____ Date _____

Part II Replacement Plans (To be completed by Section)

Is Personnel exchange involved? _____

Replacement costs, if applicable _____

Signature of Supervisor _____ Date _____

Signature of Director _____ Date _____

Part III

Approved by _____ Date _____

Vice-President