

FORM J-2 APPLICATION FOR ADMINISTRATIVE EDUCATIONAL LEAVE

Name: Department: Date of Initial EIU Appointment: Years of Service at EIU (to next May): Previous Administrative Educational Leave, if a	any	(1=first ch ☐ ½ Year ☐ Full Ye Attach 1 - 2	ve Requested voice, 2=second choice) (Proposed Dates:) ar I page specific description of planned leave d documentable outcomes.
Date of Application:	Signature of Applicant:		
Supervisor/Chairperson Recommendation Leave Plan is:			
□ Professionally Unacceptable Reason:	 □ Professionally Acceptable Recommend Approval for: □ ½ Year (Proposed Dates:) □ Full Year 		Recommend Replacement: Yes No If yes, Supervisor/Chair must attach a statement of justification for replacement.
Date of Recommendation:	Signature of Chairperson:	:	,
Director/Dean Recommendation Leave Plan is:			
□ Professionally Unacceptable Reason:	□ Professionally Acceptal Recommend Approval for □ ½ Year (Proposed Dates □ Full Year	:	Recommend Replacement: Yes □ No □
Date of Recommendation:	Signature of Dean:		
VPAA Recommendation Leave Plan is:			
□ Professionally Acceptable □ Professionally Unacceptable Reason:	Approved for: '2 Year (Proposed Dates) Full Year Disapproved, reason:	s:)	Recommend Replacement: Yes □ No □ University Priority Ranking
Date of Recommendation:	Signature of VPPA:		
Action By President Please note that the application will be placed	in the personnel file.		

Office of VPAA (8/26/06)

Eastern Illinois University