

**New York University
Courant Institute of Mathematical Sciences**

APPLICATION FOR (Check One)

- Leave of Absence Without Pay**
 Leave of Absence With Pay

NAME: _____
 Last First Middle

HOME ADDRESS: _____

DEPARTMENT: _____ TITLE: _____

IF YOU HAD BEEN GRANTED PREVIOUS *LEAVES WITHOUT PAY*, PLEASE INDICATE:

DATES: FROM	TO	PURPOSE OF LEAVE
_____	_____	_____
_____	_____	_____

ARE YOU APPLYING FOR A YEAR? A HALF YEAR?

PURPOSE OF LEAVE:

STATE INTERVAL OR DATES OF CONTEMPLATED LEAVE: _____

IF YOU HAVE APPLIED FOR SUPPLEMENTAL FINANCIAL AID TO AN OUTSIDE AGENCY, FOR THE PERIOD OF THE PROPOSED LEAVE OF ABSENCE, YOU MUST SUBMIT A COPY OF THE AWARD LETTER UPON APPROVAL. PLEASE STATE:

NAME OF AGENCY: _____

ADDRESS OF AGENCY: _____

AMOUNT OF SUPPLEMENTAL FINANCIAL AID SOUGHT: _____

IF YOU HAVE APPLIED FOR A SALARY SUPPLEMENT FROM FAS, ATTACH COPY OF REQUEST AND/OR APPROVAL. NOTE: SUPPLEMENTS ARE AT THE DISCRETION OF THE DEAN OF FAS:

DATE: _____ SIGNATURE OF APPLICANT: _____

THE FOLLOWING INFORMATION TO BE FILLED OUT BY CHAIRPERSON:

IS THIS LEAVE TO BE COUNTED AS SERVICE TOWARD SABBATICAL ELIGIBILITY AND, IF APPLICABLE, TENURE?

YES NO

SIGNATURE

Chairperson _____ *Date* _____

Director _____ *Date* _____