



APPLICATION TO USE BANKED OVERLOAD LHE

Faculty Name: Date:

A#: Department:

REQUEST TO USE BANKED LEAVE TO MEET CONTRACT LOAD

Due to a cancelled class this semester (Fall Spring Year: _____), I wish to use banked overload #LHE

Originally scheduled load: LHE Canceled Class(es): LHE Canceled Class(es) CRN(s):

I wish to use LHE banked overload to meet my contract load obligation for Fall Spring Year: _____

REQUEST FOR LEAVE OF ABSENCE

(Must be received in appropriate Vice President/Provost's Office by Monday of 3rd week of semester preceding the semester of leave)

I request to take Banking Leave for the following: Session Year # LHE

Fall Spring _____

I certify that I have banked enough time to qualify for leave as requested.

Faculty Signature: Date:

ADMINISTRATION APPROVAL:

Program needs will be met during absence: Yes No

Leave approved:

Dean: Approved Denied Date:

Vice President/Provost: Approved Denied Date:

Division Office Certification: (Attach ARGOS report SIR0056)

Current banked LHE: Approved LHE to use: Banked LHE Balance:

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