Application for G.A. Leave (English Department)

Employee Name (printed) _______________________________________________

Employee Number _______________________________________________

Type of leave (check one):

□ One day paid leave (see GEU Contract, section 15.1)
   How many paid day leaves have you taken so far this semester?
   □ 0
   □ 1
   □ 2

   □ I have arranged for a replacement to cover my class or other duties.

□ (for non-teaching GAs) a leave after classes have ended but before the contract period expires (see 10.3).

(Note: other types of leaves are outlined in section 15 of the contract. Please review the page concerning leaves on Human Resources’ website: http://hr.uconn.edu/ga-leave-administration.)

Date of the Requested Leave _________________________________

Employee Signature _______________________________________ Date ______________________

For the Supervisor:

□ Approved □ Not Approved

______________________________________________

Supervisor Name (printed)______________________________________

Signature __________________________________________Date________________________________