

# University of Belize

## APPLICATION FOR LEAVE OF ABSENCE

1. Name of Applicant: \_\_\_\_\_  
(Last) (First)
2. Date leave requested: **FROM:** \_\_\_\_\_  
**TO:** \_\_\_\_\_  
**TOTAL DAYS:** \_\_\_\_\_

3. State reason for leave:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. In event of an emergency where can you be contacted:

\_\_\_\_\_  
\_\_\_\_\_

5. What arrangements have been made for the fulfillment of duties during your absence:

\_\_\_\_\_  
\_\_\_\_\_

Signature:- \_\_\_\_\_ Date:- \_\_\_\_\_

### **Official Use Only**

Supervisor's Recommendation: - \_\_\_\_\_

Supervisor's Signature:- \_\_\_\_\_

Date:- \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
**Director of Human Resources**

Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
**President/Provost**