



**Leave Purpose:**

\_\_\_\_\_ I am eligible for or hold a three-year appointment and request a cumulative periodic evaluation  
(initial here) postponement.

\_\_\_\_\_ I am requesting to be excused from my annual periodic evaluation.  
(initial here)

\_\_\_\_\_  
**Applicant's Signature** **Date**

**Section C: APPROVAL SIGNATURES**

**Leave Approval:**

**Yes    No\***

\_\_\_\_\_  
**Department Chair/School Director (print)    Signature** **Date**

\_\_\_\_\_  
**Dean of the College (print)    Signature** **Date**

*\*If not approved, a written justification must be provided to the Associate Vice President for Faculty Advancement.*

***Dean's Office to submit copies of completed form and approval letter to:***

***Associate Vice President for Faculty Advancement  
Jennifer Acfalle, The Center for Human Resources  
Devon Caturay, The Center for Human Resources***