**Administrative Leave Request Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name | |  | | | | Title: | | |
| Campus I.D. | |  | | | |  | | |
| Supervisor Name | |  | | | | Title: | | |
| Department |  | | | | | | | |
| Number of hours of administrative leave requested       (In 8-hour increments up to a maximum of 32 hours **within the limits imposed by the president**, at a proportionate rate for part-time employees) | | | | | | | | |
| **General Eligibility** | | | | | | | | |
| Date of Last Performance Evaluation/Review :  Did the employee receive an overall rating of Acceptable or above on the performance evaluation?  Yes  No  If the employee did not complete an annual evaluation, has the employee satisfactorily completed a 180-day probationary evaluation  Yes  No | | | | | | | | |
| Has the employee received any disciplinary action during the last twelve months (excluding verbal and written reprimands)?  Yes  No Date of Action: | | | | | | | | |
| **Choose only one of the eligibility categories to justify the employee receiving administrative leave.** | | | | | | | | |
| **Category One Eligibility** | | | | | | | | |
| Did the employee receive an “Exceeds Expectations” or above on at least one category in their annual performance evaluation?  Yes  No | | | | | | | | |
| Did the employee receive any rating less than “Acceptable” in any category on their annual performance evaluation?  Yes  No | | | | | | | | |
|  | | | | |  | | | |
| **Category Two Eligibility** | | | | | | | | |
| Did the employee make a significant contribution to a university initiative, managed a special project or initiative within their department and/or demonstrated exceptional performance beyond their tenure during their probationary period?  Yes  No | | | | | | | | |
| Please describe: | | | | | | | | |
| Approve  Disapprove (Disapproved forms should be returned to supervisor) | | | | | | | | |
| Department Head Signature: | | |  | | | | Date: |  |
|  | | | | | | | | |
| Approve  Disapprove | | | | | | | | |
| Human Resources Signature: | | | |  | | | Date: |  |