**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 [ ]  NoIf 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:  |       |