REQUEST FOR EXTENDED LEAVES OF ABSENCE
(One semester or more in duration)
UNIVERSITY OF NORTHERN IOWA

_____
Name (please print or type)

_____
Department

I wish to apply for leave of absence with pay ☐ without pay ☐ for the period beginning

_____ and ending _____ for the following reason:
month/day/year month/day/year

_____

_____

_____
Signature Date

Continuation of Group Insurance Coverage

I understand that my coverage under the University's group insurance program may be continued during the period of my leave of absence, provided I remit the entire premium charges for coverage.

☐ I wish to authorize continuation of my group insurance coverage and request that the necessary forms be referred to me for this purpose.

☐ I do not wish to authorize continuation of my group insurance coverage.

_____
Approved by:

_____
Department Head Date

_____
Dean of the College Date

_____
Executive Vice President and Provost Date

_____
President Date

Completed copies should be distributed to: President, Executive Vice President and Provost, Dean of the College, Department Head, Applicant, Controller's Office, and Personnel Services.

VPAA – 10/01
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