

AMERICAN UNIVERSITY OF BEIRUT
LEAVE REQUEST AND APPROVAL

Name (Full)	Department
Date of Appointment	Payroll Number
Leave Starting Date (Inclusive)	Leave Ending Date (Inclusive)
Type of Leave <u>No. of Days Requested</u>	Address While on Leave :
Annual Leave
Home Leave
Special Leave With Pay	Any Request or Further Information Considered Relevant :
Periodic Paid Research Leave.....	
Leave Without Pay	
Others :	
Total	

Date	Signature
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Approved by	
..... Chairperson of Academic Department or Supervisor Dean, Director of School or Head of Administrative Department
..... Vice President President

Salary Advance Approval	
..... Date Director of Human Resources

Highlights on Leave Regulations (Please refer to policies on Benefits and Allowances for Academic Personnel or Personnel Manual For Non-Academic Personnel)

- 1- The Head of Academic and/or Administrative Units is responsible for securing the signatures required and forwarding the Leave Request form to Human Resources Department. The Human Resources Department is responsible for securing the approval of the President and or the Vice President for Administration, as applicable.
- 2- The approval of the Annual Leave is the responsibility of the Department Chairperson, Director and or Dean, as applicable. The form must be submitted to the Human Resources Department at least two days before the starting date of the leaves of less than one week and 6 days if the leave is for one week or more.
- 3- Home Leave, Periodic Paid Research Leave, Leave Without Pay and or Special Leave With Pay requires the approval of the Department Chairperson, Dean and or Director and the President and/or the Vice President for Administration, as applicable. The forms must be submitted to Human Resources Department at least one month prior to the date of departure in order to secure the approval of the President and/or the Vice President for Administration. (The special leave with pay must be accompanied by documentation that explains how the Faculty plans to make up for the lost teaching time.)

N.B. The Consent Form must accompany this request for Home or Periodic Paid Research Leaves

- Distribution of copies :
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|-------------|---------------------------------------|
| Original | - Human Resources Department (Campus) |
| First copy | - Comptroller's Office |
| Second copy | - Department concerned |
| Third copy | - Employee concerned |