

AMERICAN UNIVERSITY OF BEIRUT

LEAVE REQUEST AND APPROVAL

(PLEASE PRINT OR TYPE)

Name (Full)	Department																								
Date of Appointment	Payroll Number																								
Leave Starting Date (Inclusive)	Leave Ending Date (Inclusive)																								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Type of Leave</td> <td style="width: 10%; padding: 5px; text-align: center;"><u>No. of Days</u> <u>Requested</u></td> <td style="width: 50%; padding: 5px;">Address While on Leave :</td> </tr> <tr> <td style="padding: 5px;">Annual Leave</td> <td></td> <td style="padding: 5px;">.....</td> </tr> <tr> <td style="padding: 5px;">Home Leave</td> <td></td> <td style="padding: 5px;">.....</td> </tr> <tr> <td style="padding: 5px;">Special Leave With Pay</td> <td></td> <td style="padding: 5px;">.....</td> </tr> <tr> <td style="padding: 5px;">Periodic Paid Research Leave.....</td> <td></td> <td style="padding: 5px;">.....</td> </tr> <tr> <td style="padding: 5px;">Leave Without Pay</td> <td></td> <td style="padding: 5px;">.....</td> </tr> <tr> <td style="padding: 5px;">Others :</td> <td></td> <td style="padding: 5px;">.....</td> </tr> <tr> <td style="padding: 5px; text-align: right;">Total</td> <td></td> <td style="padding: 5px;">.....</td> </tr> </table>	Type of Leave	<u>No. of Days</u> <u>Requested</u>	Address While on Leave :	Annual Leave	Home Leave	Special Leave With Pay	Periodic Paid Research Leave.....		Leave Without Pay	Others :	Total		Any Request or Further Information Considered Relevant :
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Date	Signature																								
Approved by <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Chairperson of Academic Department or Supervisor </td> <td style="width: 50%; padding: 5px;"> Dean, Director of School or Head of Administrative Department </td> </tr> <tr> <td style="padding: 5px;"> Vice President </td> <td style="padding: 5px;"> President </td> </tr> </table>	 Chairperson of Academic Department or Supervisor Dean, Director of School or Head of Administrative Department Vice President President																				
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Salary Advance Approval <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Date </td> <td style="width: 50%; padding: 5px;"> Director of Human Resources </td> </tr> </table>	 Date Director of Human Resources																						
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<p><u>Highlights on Leave Regulations</u> (Please refer to policies on Benefits and Allowances for Academic Personnel or Personnel Manual For Non-Academic Personnel)</p> <ol style="list-style-type: none"> 1- The Head of Academic and/or Administrative Units is responsible for securing the signatures required and forwarding the Leave Request form to the Human Resources Department. The Human Resources Department is responsible for securing the approval of the President and or the Vice President for Human Resources, 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 Human Resources, 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 Human Resources (the special leave with pay must be accompanied by documentation that explains how the Faculty plans to make up for the lost teaching time.) <p>N.B. The Consent Form must accompany this request for Home or Periodic Research Leaves</p>																									

Distribution of copies :

Original	- Human Resources Department
First copy	- Comptroller's Office
Second copy	- Department concerned
Third copy	- Employee concerned