

**Application for the Drake University  
Learning and Development Leave Program**

**I. Employee's Statement of Application**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date of hire\*: \_\_\_\_\_  
*\*As a regular full-time 12-month employee of Drake University*

Dates of requested learning and development leave:

Dates of any prior learning and development leaves:

Detail your plans for the learning and development leave:

Description of expected outcomes of the learning and development leave and how those outcomes will further the strategic goals of the university:

Description of how duties will be covered during the leave period:

Discussion of how annual performance goals will be impacted (include any goal timelines that will have to be adjusted because of your time away from work).

Description of how you plan to disseminate the findings/results of your leave:

By signing below I agree and acknowledge that if the above application is approved, I must return to active employment status with Drake University for a period of one-year from the date my leave begins or I will be required to re-pay Drake University the amount of base wage compensation received during the learning and development leave period. In the event my departure from Drake University causes me to owe such amounts, I authorize Drake University to deduct such amount from any amounts owed me from Drake University, including my regular paycheck.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## II. Manager Review and Recommendation

The Employee's immediate supervisor submits this application to the Department Head or other applicable Senior Administrator who will then make a recommendation to the appropriate Cabinet level administrator. If a manager or Department Head wishes to discuss the application and whether to make a recommendation to grant the leave, he/she should contact Human Resources.

\_\_\_\_\_  
Immediate Supervisor/Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

***To be completed by Department Head or Senior Administrator:***

Upon careful review of the above application, I make the following recommendation with respect to this leave application:

\_\_\_\_\_  
Department Head or Senior Administrator  
(If different from immediate manager)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

## III. Human Resources Review

Upon completion, forward this form to Human Resources. Human Resources will discuss with the Cabinet level manager who will make the final determination with respect to the leave application.

\_\_\_\_\_  
HR Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

## IV. Cabinet Level Administrator Approval/Denial

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Return this form to Human Resources.  
Human Resources will notify the manager and applicant of approval or denial.**