

**Minnesota State University, Mankato  
Leave of Absence Application Checklist**

**Name of Faculty Member:** \_\_\_\_\_ **Dept** \_\_\_\_\_

Letter of Request to President \_\_\_\_\_

Copied to:

    Department \_\_\_\_\_

    Dean \_\_\_\_\_

    VPAA \_\_\_\_\_

President Approval \_\_\_\_\_

Leave of Absence Offer Letter:

    Dates and Duration \_\_\_\_\_

    Benefit Information \_\_\_\_\_

    Seniority Information \_\_\_\_\_

    Tenure Clock Information \_\_\_\_\_

    Promotion Clock Information \_\_\_\_\_

    PDP Process Information \_\_\_\_\_

    Non-Renewal Process Information \_\_\_\_\_