University of Missouri-Kansas City
College of Arts and Sciences

REQUEST FOR LEAVE OF ABSENCE AFFIDAVIT

I, _____, agree to return to the University of Missouri-Kansas City for the same duration as my leave of absence that will extend from _____ to _____. If I do not return to the University of Missouri-Kansas City upon termination of my granted Leave of Absence, I will repay all funds to the university that were allotted to me during the approved leave period. My signature below will attest to the fact that I understand this agreement and will abide by it.

_____ _____
Print Name Date

_____
Employee Signature

_____ _____ _____
Authorized Signature Title Date

FORM MUST BE ATTACHED TO LEAVE REQUEST