



PROFESSIONAL LEAVE DELAY FORM

Request for COVID-19 related unavoidable delay to an approved Professional Leave scheduled to begin June 1, 2020

NAME:

UNIT: DEPT ID:

ORIGINAL START DATE:

LENGTH OF APPROVED PROFESSIONAL LEAVE:

LENGTH OF DELAY REQUESTED:

Describe the impact of COVID-19 on the plan and why a change is required:
(to be completed by the librarian/archivist)

Please describe the re-assigned workload during the period of delay. Please also provide a comparison to the Normal Workload of the Academic Unit and the usual workload of this librarian/archivist:
(to be completed by the Unit head)

A separate letter may be attached, but explicit answers to the above questions must be provided.

Signature of Applicant:

Date:

Signature of Chief Librarian:

Date:

Signature of Provost or Vice-Provost (APP&F):

Date: