

## REQUEST FOR LEAVE

Faculty Name: \_\_\_\_\_

Reason for Leave:

1. Professional Development \_\_\_\_\_

2. Personal Leave \_\_\_\_\_

a. Sick Time \_\_\_\_\_

b. Other \_\_\_\_\_

Dates of Absence: From \_\_\_\_\_ a.m./p.m. Date: \_\_\_\_\_

Thru \_\_\_\_\_ a.m./p.m. Date: \_\_\_\_\_

Identify Specific Coverage for Classes: \_\_\_\_\_

\_\_\_\_\_

Identify Specific Materials for Classes: \_\_\_\_\_

\_\_\_\_\_

Total Number of Days: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Request Received Date: \_\_\_\_\_ Time: \_\_\_\_\_ By Whom: \_\_\_\_\_

Academic Dean Approval: \_\_\_\_\_ Date: \_\_\_\_\_

CC: Business Office and Assistant to Dean of Students