

Short Term Leave Request for Faculty

1. Faculty Name: _____

2. Dates Requested: _____

Note: _____

3. Travel Location: _____

4. Event Type: Meeting Lecture Conference/Colloquium Other

Event: _____

5. Pending issues while away:

6. Back up person: _____

Faculty Signature: _____ Date: _____

Chair Approval: _____ Date: _____

Dean L&S Approval: _____ Date: _____

Note: Leaves less than 8 calendar days only require Chair approval and Leaves for 8 days or more require Dean Approval. Please submit request to the Chair 2-weeks prior to your date request in order to anticipate classes needing attention while you are on leave.