

## 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:** Absences less than 8 calendar days only require the Chair's approval and Absences for 8 days or more require the Dean's Approval. Please submit the request to the Chair 2-weeks prior to your date(s) requested in order to anticipate classes needing attention while you are absent from campus.