

ACADEMIC LEAVE OF ABSENCE FORM

TO BE FILED WITH DEAN'S OFFICE AT LEAST ONE WEEK PRIOR TO BEGINNING OF LEAVE.

Request for academic leave of absence with full salary for 7 days or less for purposes of attending a professional meeting, conference, or other University business (or vacation, if on an 11-month appointment).

Name: _____ Title: _____

PERIOD OF LEAVE:

From: _____ To: _____
Day Date Time Day Date Time

REASON FOR LEAVE: (include name of group, date(s), place(s); your role(s); if paper is to be presented, its subject).

CONTACT INFORMATION: (provide phone number of hotel or other place you might be reached/or your cell phone number)

DISPOSITION OF WORK:

Teaching:
Will miss following classes: On following dates: Name of person in charge during my absence:

OTHER DUTIES:

TRAVEL EXPENSES _____

Signature

Date

LEAVE APPROVED:

Signature/Dean *Date*

Signature/Field Work Director *Date*
(as appropriate)

Distribution:
Signed Original: Academic HR Analyst
Copies: Faculty Member, Admin. Asst. to
Faculty Member, Academic
Coordinator & Reception Desk