

APPLICATION FOR SHORT-TERM LEAVE FOR FACULTY

Name: _____ Position: _____

School: _____

Leave Period (Inclusive Dates): _____
 Personal Official

I. Reason(s) for Leave

II. If attending a seminar or workshop, or meeting

Title: _____
Venue: _____
Sponsoring Agency (if any): _____

Signature of Faculty

Date

Action:
 Approved
 Disapproved

Action:
 Approved
 Disapproved

Department Chair

Date

Dean

Date

cc: Faculty; Department/Program; Dean; HRMO, VP-APS