DEPARTMENT OF ART
LEAVE REQUEST FORM

Employee Name: ____________________________

Date(s): ____________________________
Leave Requested: ____________________________________________
(Sick, Research, Service, Teaching)

Class dates missed during leave: ____________________________

How will your classes be covered? ____________________________________________

________________________________________________________________________

____________________________________________________________________________________________________

Purpose of your trip: __________________________________________________________________________________

Employee Signature ____________________________ Supervisor Approval Signature ____________________________
Date ____________________________ Date ____________________________

Date(s): ____________________________
Leave Requested: ____________________________________________
(Sick, Research, Service, Teaching)

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Purpose of your trip: __________________________________________________________________________________

Employee Signature ____________________________ Supervisor Approval Signature ____________________________
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(Sick, Research, Service, Teaching)

Class dates missed during leave: ____________________________

How will your classes be covered? ____________________________________________

____________________________________________________________________________________________________

Purpose of your trip: __________________________________________________________________________________

Employee Signature ____________________________ Supervisor Approval Signature ____________________________
Date ____________________________ Date ____________________________