

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 _____
Date _____

Supervisor Approval Signature _____
Date _____

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 _____
Date _____

Supervisor Approval Signature _____
Date _____

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 _____
Date _____

Supervisor Approval Signature _____
Date _____