



OFFICE OF ACADEMIC AFFAIRS

Faculty Leave Form

Faculty Information

Employee Name: _____

Date: _____

Department: _____

Division: _____

Supervisor's Name: _____

Reason for Leave: _____

Dates of Leave: From: _____ To: _____

Classes to be missed during leave:

Course #	Title	Day	Time	Place

Content of missed classes will be covered by:

You must submit requests for leave (except sick leave) two days prior to the first day that you will be absent.

Faculty Signature *Date*

Department Chairperson's Signature *Date*

Division Chairperson's Signature *Date*

Vice President for Academic Affairs' Approval

- Approved
- Rejected

Comments: _____

VPAA Signature *Date*