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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | Short Term Leave Request | | | | | | | | |
| Instructions | | | | | | | | | | | | | | | |
| For Leave with Pay for Professional Reason for fewer than 7 (seven) calendar days. Leaves for a longer period must be approved by the Dean and require 45 days advance notice. Fill out Leave Request Information section, save a copy for your records, and email to Department Chair. | | | | | | | | | | | | | | | |
| Leave Request Information | | | | | | | | | | | | | | | |
| Today’s Date: | | | |  | | | |  | [Note: Request must be submitted 7 (seven) days prior to leave] | | | | | | |
| Name: |  | | | | | | | | |  | Date(s) of Absence: |  | | | |
| Class(es) Missed: | | | | |  | | | | | | | | | | |
| How will the class(es) be handled in your absence: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Destination: | | |  | | | | | | | | | | | | |
| Purpose of leave: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| If known, provide a phone number and/or place of lodging where you can be reached in an emergency: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| *For Department Use Only* | | | | | | | | | | | | | | | |
| Approval: | | Approved  Not Approved | | | | | | | | | | | | | | |
| HAA Department Chair Signature: | | | | | |  | | | | | | |  | Date: |  |