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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:  |  |