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|  | **Academic Affairs Personnel LEAVE REQUEST FORM** |  |
|  | **Incomplete forms will be returned without action. Please submit request at least 5 days before departure date, except for unanticipated sick leave or emergency.** |  |
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| Employee Name: |  |  |
| Request Date(s): |  |  |
| Title(s)/Position(s): |  |  |
| Department: |  |  |
| I respectfully request permission to be absent from the University from: |
| From: |  |
| To: |  |
| #of Days:  |  | # of Hours: |  |
| Type of Leave: (Choose which is applicable: [ ] **Annual** [ ] **Administrative Paid** [ ] **Sick** [ ] **Jury** [ ] **Military** [ ] **Personal** [ ] **Professional Meeting/Assignment or Business)** |
| Purpose of Leave (except for personal): |
| (If professional leave, documentation must accompany the leave form) |
| Destination (except for personal):  |
| University funds requested | Yes [ ]  | No [ ]  | If Yes, how much? | $ |
| Name of Account funds requested from:  | Account#: |
| Requesting use of University Vehicle:  | Yes [ ]   | No [ ]  | Vehicle Type:  | Car [ ]   | Van [ ]  | Shuttle [ ]  |
| **During my absence my duties will be performed as follows: (use back of form for additional information as needed)** |
| **Academic Responsibilities** will be performed by:  | Printed Name:  | Signature of person accepting responsibility: |
| **Administrative Responsibilities** (if applicable) performed by: (This individual signs on my behalf) | Printed Name:  | Signature of person accepting responsibility: |
| Employee Signature:  | Date: | Signature: |
| Director (if applicable):  | Date:  | Signature: |
| Department Chair:  | Date:  | Signature: |
| Dean: | Date:  | Signature: |
| Grant Accountant:  | Date:  | Signature: |
| Vice President for Academic Affairs: (Necessary for Personnel reporting Directly to the V.P.) | Date:  | Signature: |
| Office of Administrative Affairs Designee: (If requesting a vehicle) | Date:  | Signature: |
| (For International Travel Only): Must be routed through the Vice President for Academic Affairs before being forwarded to the Office of the President.  | Approved: [ ]  Yes [ ]  No |
| President: | Date:  | Signature: |

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| Additional Information (if applicable): |