



**Faculty Application for Approved Absence**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

**Requested Time and Dates of Absence:**

\_\_\_\_\_

**This absence of \_\_\_\_\_ hours is properly chargeable to:**

**Sick Leave:** (check appropriate box and give explanation)

- |  |  |
|--|--|
| 1. For personal illness or incapacity  | 6. Special request for additional leave<br>(give explanation)                                |
| 2. Incapacity due to pregnancy   | 7. Special request for immediate family<br>outside immediate household<br>(give explanation) |
| 3. Quarantine by public health officer   | 8. Work-connected injury<br>(attach copy of incident report)                                 |
| 4. Medical or dental appointment<br>Time: _____ Location: _____                  |  |
| 5. Illness or injury to members of<br>immediate household (limited to five days) |  |

**Personal Leave**

**Funeral Leave** for: \_\_\_\_\_  
Relationship

**Leave of Absence Without Pay** (give explanation)

**Vacation** (for 12-month only)

**Professional Conference** (give explanation)

**Short Term Absence Without Pay**

**Travel on University Business** (give explanation, destination,  
and expenses)

**Other** (i.e. professional development, union educational leave, jury duty, etc) Provide documentation and explanation

**Explanation of Leave Request:** \_\_\_\_\_

**Estimated Travel Expenses:** \$ \_\_\_\_\_ **Chargeable to:** \_\_\_\_\_

**Arrangements for professional responsibilities scheduled during this absence:**

Class	Time	Day/Date	Substitute Instructor/Other Arrangements

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Approval by Human Resources for exceptions or special requests** **Date:** \_\_\_\_\_

**Supervisor/Dean Approval or Denial:** \_\_\_\_\_ **Date:** \_\_\_\_\_