



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 ☐

2. Incapacity due to pregnancy ☐

3. Quarantine by public health officer ☐

4. Medical or dental appointment ☐

Time: _____ Location: _____

5. Illness or injury to members of ☐
immediate household (limited to five days)

6. Special request for additional leave ☐
(give explanation)

7. Special request for immediate family ☐
outside immediate household
(give explanation)

8. Work-connected injury ☐
(attach copy of incident report)

☐ **Personal Leave**

☐ **Funeral Leave** for: _____
Relationship

☐ **Vacation** (for 12-month only)

☐ **Short Term Absence Without Pay**

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

☐ **Professional Conference** (give explanation)

☐ **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: _____ **Date:** _____

Provost Approval*: _____ **Date:** _____

*(FAC Agreement 2022-2027 14.2.8: Provost approval is required for leaves which span more than two consecutive University days.)