

**Department of Theatre**  
**Request for Leave**  
(Faculty/Academic Appointment Only)

Date Submitted:

Name:

- Request:  Sick Leave  
 Annual Leave (Does not Apply to 9-Month Academic)  
 Professional Leave (Conferences, Approved Research)

Departing Date/Time:

Return Date/Time:

Total Hours of Leave:

To Attend:

My duties will be covered as follows:

Class  Covered by:

Class  Covered by:

Class  Covered by:

Class  Covered by:

Employee Signature: \_\_\_\_\_

Approved: \_\_\_\_\_

Chair, Department of Theatre