

School of Music
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: _____

Director/Dean