

Associate Faculty Personal Leave Day Request

Please submit this request *one week prior* to the requested date.
(Associate Faculty receives 1 day per semester during this period.)

Print your name: _____

I am requesting _____ as my personal leave day.
Date

Faculty Signature

Date

Class Coverage Provision		
Course	Day/Time	Other provisions made for class

For Division Use

___ Approved ___ Not approved

Division Dean

Date