

# Full-Time Faculty Personal Leave Day Request

Please submit this request **one week prior** to the requested date.  
(Full-time Instructors receive two per semester. They are not cumulative.)

Print your name: \_\_\_\_\_

I am requesting \_\_\_\_\_ as my personal leave day(s).  
Date(s)

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

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

-----  
For Division Use

\_\_\_ Approved    \_\_\_ Not approved

\_\_\_\_\_  
Division Dean or Director

\_\_\_\_\_  
Date