

BIOLOGY GRADUATE LEAVE REQUEST

This form must be submitted and approved in advance for travel and other absences from duty. **Note: All Leave must receive the required approvals prior to departure.**

Date

Name Department

Research Assistant

Teaching Assistant

Other _____

Dates of Leave or Absence

From: _____ To: _____

Total Leave Time: _____
(Specify hours, days, semester, etc.)

Destination: _____

Please provide a reason for Leave, explanation of how your duties (classes, meetings, etc.) will be covered, as well as, who will substitute (if applicable) in your absence: **This information is required - No exceptions.**

I hereby certify that the above statements are true and correct.

Applicant Signature: _____

Substitute Signature: _____

Date _____

Date _____

1. Approved Disapproved

Major Advisor/Date: _____

2. Approved Disapproved

Teaching Lab Instructor/Supervisor/Date: _____

3. Approved Disapproved

Kimberly Piccolo/Date: _____

4. Approved Disapproved

Department Chair/Date: _____

Explanation if Disapproved: