

Absence from Campus Request

Department of Theatre and Dance

NAME: _____ DATE: _____

Leave should be requested as far in advance as possible.
Indicate type of leave requested.

- Annual leave (up to 30 days in one year)
- Family Sick Leave
- Personal Leave Without Pay (less than 10 days)
- Court Leave
- Death in Family
- Sick Leave
- **Professional Pursuits**

Beginning date: _____ Ending date: _____

Total days requested: _____

**** Professional Pursuits:** *List organization, project, and/or nature of pursuit.
Please indicate how each of your classes will be covered.*

Approved

Denied

Comments: _____

Signature of Department Head

Date