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:

__________________________________________________________________________

__________________________________________________________________________