**FACULTY LEAVE REQUEST AND CLASS COVERAGE FORM**

**College of Arts, Education, and Sciences**

**The University of Louisiana at Monroe**

|  |  |
| --- | --- |
| **Note:** | **(1) Unless an emergency, Dean’s office must receive request five business days prior to travel.** |
|  | (2) Attach “Travel Authorization Form” for ALL official travel. |

|  |  |  |
| --- | --- | --- |
| **To:** | **, Director** | **School of**  |
| **From:** |       | **Date:** |       |
| I hereby request the leave indicated: |  |  |

**[ ]** Official Travel [ ]  Sick [ ]  Civil [ ]  Funeral [ ]  Without Pay [ ]  Other *(explain)*:

**Justification:**

|  |  |
| --- | --- |
| **A. Purpose & destination of trip:** |  |
| B Contact information at destination: |            |
| C. Date and Time of Return: |  |       |
|  Date and Time of Departure: |  |       |
|  (subtract departure from return) | Total Days: |       |
| D. How does this benefit the College? |            |
| E. Is this travel in accordance with state travel regulation? |  |

**Class Coverage:** I am responsible for the following course(s) scheduled to meet during the above-listed leave period; temporary coverage has been arranged as indicated below. (Substitute instructor must acknowledge responsibility for coverage by signing in the appropriate blank beside each course for which responsibility is assumed.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course No.** | **Section** | **Time/Date** | **Bldg./Room** | **Temporary****Instructor** | **Responsibility****Acknowledged** |
|       |       |       |       |       |  |
|       |       |       |       |       |  |
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(Observe *Faculty Handbook Policy* on “Faculty Absences”)

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 Faculty Signature **( If travel is for Official travel, attach “Travel Authorization**

**s** **Form” or if previously submitted, attach copy.)**

[ ]  Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Director Dean

[ ]  Disapproved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Disapproved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Date

*Revised 10-1-2014*