

**COLLEGE OF EDUCATION  
ADVANCE NOTIFICATION OF LEAVE**

Today's Date: \_\_\_\_\_ Amount Of Time To Be Taken \_\_\_\_\_

Date & Time Leave Begins: \_\_\_\_\_ | \_\_\_\_\_ AM PM  
Date Time

Date & Time You Will Return To Work: \_\_\_\_\_ | \_\_\_\_\_ AM PM  
Date Time

Who will handle your responsibilities in your absence?

\_\_\_\_\_

How can you be reached during this time, including University non-working hours in case of emergency?

\_\_\_\_\_

\_\_\_\_\_

Name

Signature

Date Submitted

**INSTRUCTIONS: This form should be sent to your immediate supervisor prior to any leave of 1 or more days.**

\_\_\_\_\_

Approval Signature

\_\_\_\_\_

Date