

# Associate Faculty Personal Leave Day Request

Please submit this request **one week prior** to the requested date.  
(Associate Faculty receives 1 day per semester during this period.)

ID #:

Print your name: \_\_\_\_\_

I am requesting \_\_\_\_\_ as my personal leave day.  
Date

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

Class Coverage Provision		
Course	Day/Time	Other provisions made for class

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For Division Use

\_\_\_\_ Approved    \_\_\_\_ Not approved

\_\_\_\_\_  
Division Dean

\_\_\_\_\_  
Date