Leave Application Supplementary Form

Name: _____ _____
Last Name First Name

Department: _____

Approval Signatures

Chair: _____

Dean: _____

Course Coverage Plan

Please indicate the semester(s) you plan to be on leave, the course(s) you would normally teach, and the name of the person covering the course(s) in your absence. If the course(s) will not be offered in your absence, please check the box next to the course title field. As a reminder, no additional financial support will be available for hiring replacements. The department will remain responsible for covering the cost necessitated by the faculty leaves within the budget.

Semester: _____ (e.g. Fall 2011, Spring 2012)

1. Course Title: ☐ Check the box, if the course is not being offered during the leave.

The name(s) of the person covering the course in your absence:

Semester: _____ (e.g. Fall 2011, Spring 2012)

2. Course Title: ☐ Check the box, if the course is not being offered during the leave.

The name(s) of the person covering the course in your absence:

Semester: _____ (e.g. Fall 2011, Spring 2012)

3. Course Title: ☐ Check the box, if the course is not being offered during the leave.

The name(s) of the person covering the course in your absence:

Semester: _____ (e.g. Fall 2011, Spring 2012)

4. Course Title: ☐ Check the box, if the course is not being offered during the leave.

The name(s) of the person covering the course in your absence:

Semester: _____ (e.g. Fall 2011, Spring 2012)

5. Course Title: ☐ Check the box, if the course is not being offered during the leave.

The name(s) of the person covering the course in your absence:

Semester: _____ (e.g. Fall 2011, Spring 2012)

6. Course Title: ☐ Check the box, if the course is not being offered during the leave.

The name(s) of the person covering the course in your absence: