Leave Application Supplementary Form

Name:				Approval Signatures
	Last Na	me	First Name	Chair:
Department:				Dean:
Course (Coverage Plan			
covering course t	g the course(s) in title field. As a rea	your absence. If the course(s)	will not be offered in your a support will be available for	rmally teach, and the name of the person absence, please check the box next to the r hiring replacements. The department whe budget.
Semest	er:	(e.g. Fall 2011, Spring 2012)	
1.	Course Title:	Check the box, if t	the course is not being offere	ed during the leave.
	The name(s) of the person covering the course in your absence:			
Semest	er:	(e.g. Fall 2011, Spring 2012)	
2.	Course Title:	Check the box, if t	he course is not being offere	ed during the leave.
	The name(s) of the person covering the course in your absence:			
Semest	er:	(e.g. Fall 2011, Spring 2012)	
3.	Course Title:	Check the box, if t	the course is not being offere	ed during the leave.
	The name(s) of the person covering the course in your absence:			
Semest	er:	(e.g. Fall 2011, Spring 2012)	
4.	Course Title:	Check the box, if t	he course is not being offere	d during the leave.
	The name(s) of the person covering the course in your absence:			
Semest	er:	(e.g. Fall 2011, Spring 2012)	
5.	Course Title:	Check the box, if t	the course is not being offere	ed during the leave.
	The name(s) of the person covering the course in your absence:			
Semest	er:	(e.g. Fall 2011, Spring 2012)	
6.	Course Title:	Check the box, if t	the course is not being offere	ed during the leave.
	The name(s) of the person covering the course in your absence:			