Reset

HAMPTON UNIVERSITY
Hampton, Virginia 23668

APPLICATION FOR SHORT LEAVE

DATE: _____

_____ _____
NAME (Please Print) SCHOOL OR DEPARTMENT

I hereby apply for _____ days(s) leave as indicated:

Annual (Vacation): ☐ **Health:** ☐ **Professional:** ☐
(Please indicate nature below)

_____

FROM: _____ TO: _____
(Hour) (Month) (Date) (Hour) (Month) (Date)

My address and telephone number while absent will be:

_____
_____
_____

CLASS ARRANGEMENTS:

Hour	Day	Course	Substitute Teacher

SIGNATURES:

_____
Applicant

_____
Chairperson

_____
Dean/Director

_____
Provost

(7/14/2005)