

**Leave Request for Graduate Assistants
(Teaching and Non-Teaching)**

Date Prepared_____

Dates of leave_____ through_____

Time of leave_____ through_____

Type of Request

_____ Emergency

_____ University Business trip

Purpose of trip_____

Who will cover your duties?_____

How can you be reached?

E-mail_____

Phone_____

Name (print)_____

Signature_____

Approval of Instructor_____ Date_____

Approved_____ Date_____