



Mathematics Department

SHORT TERM LEAVE REQUEST (Less than 7 working days)

DATE SUBMITTED: _____

NAME: _____

DATE OF ABSENCE: _____

CLASS(ES) MISSED: _____

HOW WILL CLASS(ES) BE HANDLED IN YOUR ABSENCE?

DESTINATION: _____

PURPOSE: _____

IF KNOWN, PHONE NUMBER OR PLACE OF LODGING WHERE YOU CAN BE REACHED:

APPROVED _____ NOT APPROVED _____

Darren Long, Department Chair