



# 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 \_\_\_\_\_

\_\_\_\_\_  
Bjorn Birnir  
Department Chair