

**FACULTY TIME OFF or
OFF-CAMPUS REQUEST FORM**

Date of Request _____ Requestor Name _____
Last *First*

- Check one:** I would like to take time off-campus as indicated below.
 I would like to request the use of scheduled sick time.

Date	Hours Requested							Coverage (specify person)
	V	FH	SS	S	T	C	O	

V - vacation	FH - float holiday	SS - scheduled sick S - sick	T - training	C - conference	O - other
---------------------	---------------------------	---	---------------------	-----------------------	------------------

Requestor's Signature: _____
By signing this request, I hereby verify that according to time sheets I have the appropriate hours or days available and, if appropriate, verify that my clinical responsibilities, including documentation, have been met.

Notes:

SUPERVISOR REVIEW **Approved** **Not Approved**

The Associate Dean's approval is required for all off-campus requests. If you teach at both the pre-licensure and graduate level, both Associate and Executive Vice Deans must approve. The Associate Dean's approval is needed for off-campus conference attendance.

Signature of the Associate Dean(s): _____ Date _____

Signature of the Executive Vice Dean: _____ Date _____