

Leave Request Form

Department of Chemistry and Biochemistry

Last Name: _____ First Name: _____ OUID: _____

Academic Year: _____ Semester: _____

For Fall semester, your GTA appointment is from 08/16 to 12/31
For Spring semester, your GTA appointment is from 01/01 to 05/15

Classes you currently teach

1. Course Number: _____ 2. Course Number: _____
Section Number: _____ Section Number: _____

Faculty who sign your ACA form

1. _____ 2. _____

I would like to request a leave on the following days

FROM: Date _____ Month _____ Year _____

TO: Date _____ Month _____ Year _____

TOTAL DAYS REQUESTED: _____

Reason for leave request

OFFICE USE ONLY

APPROVED

REJECTED

Signature

Name: _____ Date _____

Total number of days taken in the current academic year: _____