

**HAMPTON UNIVERSITY**  
Hampton, Virginia 23668

**APPLICATION FOR SHORT LEAVE**

Date: 04/09/2024

Dr. Demarr Woods  
NAME (Please Print)

Music and Performing Arts  
SCHOOL OR DEPARTMENT

I hereby apply for 1 day(s) leave as indicated:

Health: ☒

Professional: ☐

Personal: ☐

If you checked professional, please indicate the following:

What is the nature of your leave? \_\_\_\_\_

Are you seeking funds from the University including grants or contracts?: Yes ☐ No ☒

FROM: 11am 04 10 TO: 5pm 04 10  
(Hour) (Month) (Date) (Hour) (Month) (Date)

My address and telephone number while absent will be:

985-974-9075  
\_\_\_\_\_  
\_\_\_\_\_

**CLASS ARRANGEMENTS:**

Hour	Day	Course	Substitute Teacher
No classes will be missed			

**SIGNATURES:**

Demarr Woods  
Applicant  
Demarr Woods  
Chairperson

\_\_\_\_\_  
Dean/Director

\_\_\_\_\_  
Provost