

HAMPTON UNIVERSITY
Hampton, Virginia 23668

APPLICATION FOR SHORT LEAVE

Date: _____

NAME (Please Print)

SCHOOL OR DEPARTMENT

I hereby apply for _____ 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: _____
(Hour) (Month) (Date)

TO: _____
(Hour) (Month) (Date)

My address and telephone number while absent will be:

CLASS ARRANGEMENTS:

Hour	Day	Course	Substitute Teacher

SIGNATURES:

Applicant

Chairperson

Dean/Director

Provost