

**Request for Academic Leave of Absence**  
(1 – 7 calendar days)

To: Charles F. Shoemaker

From: \_\_\_\_\_

Reason for Leave: \_\_\_\_\_

Destination: \_\_\_\_\_

Period of Leave: from \_\_\_\_\_ to \_\_\_\_\_

Person Responsible in my Absence: \_\_\_\_\_

Note: This form is to be submitted prior to leaving campus. If leaves are 8 – 30 calendar days, use UPAY- 573 (same form as used for sabbatical leaves), which must be approved by Dean's office prior to leave.

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