



Request for Leave Faculty Coverage Form Replacement / Exchange



College of Dentistry

Name of Faculty: _____ Computer No. _____

Signature: _____ Date Submitted _____

| Please State Reasons for Leave | Number of Days | Date Leave to Start | Date Leave to End |
|---|----------------|---------------------|-------------------|
| <input type="checkbox"/> Personal circumstance: | | | |
| <input type="checkbox"/> Emergency: (For the emergency leave, this form needs to be filled ONLY if the leave did not take place) | | | |
| <input type="checkbox"/> University/College/Committee Meeting to attend: (Please Indicate Name and Place of Meeting) | | | |
| <input type="checkbox"/> Outside Conference/Meeting to attend: (Please Indicate Name/ Place of Conference) | | | |

Arrangement made for Faculty Coverage of my teaching duties during my leave:

| | |
|---|--------------------------------------|
| <input type="checkbox"/> REPLACEMENT | |
| <input type="checkbox"/> EXCHANGE | With Course # _____ Day / Time _____ |

SCHEDULE OF THE ARRANGED COVERAGE: Lecture Lab Clinic

| Day | Date to be Covered | Time | Course | Faculty who Agreed to Cover Me | Faculty Signature |
|------|--------------------|------|--------|--------------------------------|-------------------|
| SUN | | AM | | | |
| | | PM | | | |
| MON | | AM | | | |
| | | PM | | | |
| TUES | | AM | | | |
| | | PM | | | |
| WED | | AM | | | |
| | | PM | | | |
| THU | | AM | | | |
| | | PM | | | |

Approved by the Department Chairwoman: _____ Date Approved: _____