

PERSONAL LEAVE/TRAVEL DURING ON-DUTY PERIOD*
College of Natural Sciences

Name: _____ Title: _____

Department: _____

Dates of Leave/Travel: _____

Reason:

How will your duties be covered during the period of your leave?

When will this period of absence be made up (dates)? _____

Approved/Disapproved _____ Date: _____
Chair

* To be used by 9 or 11 month instructional faculty only. Faculty and staff who accumulate vacation will continue to use the "Application for Leave of Absence" (UH FORM 1 (PERS) 7/93).

Distribution: Original - Dean's Office
Copy - Chair

NS - 11/95