DEPARTMENT OF PATHOLOGY FACULTY LEAVE FORM

(2 weeks prior notice required)

Vacation Professional leave Meeting/conference: Location: Location: Location: Sick leave Self Family Date: Signature: Clinical duties will be covered by: Dr.(s) Dr.(s) These duties include: A) A) B) C) C) C) C) Conference: Location: Family Teaching duties will be covered by: Teaching duties will be covered by: These duties include: A) C) C) C) C) C	Inclusive dates:		Through:
Professional leave Meeting/conference: Location: Government leave Reason: Location: Sick leave Self Family Date: Signature: Inclusive dates coverage will be required: Clinical duties will be covered by: Teaching duties will be covered by: Dr.(s) Dr.(s) These duties include: A) B) C) Approved: Comparison Meeting/conference: Location: Family Teaching duties will be covered by: These duties include: A) B) C) C)	Type of leave requested:		
Government leave Reason: Location: Sick leave Self Family Date: Signature: Inclusive dates coverage will be required: Clinical duties will be covered by: Dr.(s) These duties include: A) B) C) C) Location: Reason: Location: Family Family Teaching duties will be covered by: Teaching duties will be covered by: These duties include: A) B) C) C) Approved:	Vacation		
Sick leave Self Family Date: Signature: Inclusive dates coverage will be required: Clinical duties will be covered by:	Professional leave	Meeting/cor	nference:
Sick leave Self Family Date: Signature: Inclusive dates coverage will be required: Clinical duties will be covered by:		Location: _	
Sick leave Self Family Date: Signature: Inclusive dates coverage will be required: Clinical duties will be covered by:	Government leave	Reason: _	
Date: Signature: Inclusive dates coverage will be required: Clinical duties will be covered by:		Location: _	
Clinical duties will be covered by: Dr.(s)	Sick leave	Self	Family
Inclusive dates coverage will be required: Clinical duties will be covered by: Dr.(s)			
Clinical duties will be covered by: Dr.(s)	Date:	Signature:	
Clinical duties will be covered by: Dr.(s)	Inclusive dates coverage will	he required:	
Dr.(s)		•	
These duties include: A)	Clinical duties will be covered	ed by:	Teaching duties will be covered by:
A) A) B) B) C) C)			
B) B) C) C)	Dr.(s)		Dr.(s)
B) B) C) C)			
C) C)	These duties include:		These duties include:
Approved:	These duties include: A)		These duties include: A)
Approved: Lab director/scheduler Course Director	These duties include: A) B)		These duties include: A) B)
Approved: Lab director/scheduler Course Director	These duties include: A) B)		These duties include: A) B)
Lab director/scheduler Course Director	These duties include: A) B)		These duties include: A) B)
	These duties include: A) B) C)		These duties include: A) B)
	These duties include: A) B) C) Approved:		These duties include: A) B) C)