

THE UNIVERSITY OF MONTANA COLLEGE OF VISUAL AND PERFORMING ARTS

Request Form for Approved Leave

(Please submit form ten days prior to requested leave date.)

Name of Applicant

Date

Rank and/or Title

Department

Leave from _____ to _____
(Date and Time)

(Date and Time)

Destination _____

Purpose of leave: _____

The following arrangements have been made for performance of my regular duties during my absence:

Phone number(s) where I can be reached: _____

Signature of Applicant

Approval:

Chair Date

Dean Date

Original to Dean of Fine Arts
Cc: Department Chair
Cc: Faculty files and Approved Leave file