



FACULTY REQUEST FORM FOR/OR REPORT OF SICK LEAVE

*This form to be completed seven (7) days prior to needed leave or within three (3) days following return to work.
[See CBA 11.1]*

Name:	Department:
Date Beginning:	Date Ending:
	<input type="checkbox"/> Rank: <input type="checkbox"/> Tenured <input type="checkbox"/> Probationary <input type="checkbox"/> Special Faculty <input type="checkbox"/> Quarterly
Faculty Signature: _____ Date: _____ Chair: _____ Date: _____	

Faculty complete this form for sick leave taken or requested under Section 11.1 of the CBA.
The Chair signature confirms that they were notified.

Original to: Human Resources, 314 Showalter Hall