

University of Wisconsin-Superior
APPLICATION TO BE AWAY FROM ASSIGNED DUTIES

(Assigned duties include classes, office hours, required meetings, graduation, etc.)

NOTE: Except in emergency cases, applications MUST be received in the Department Chair's Office no later than 1 week prior to the absence.

Date: _____ **Faculty/Staff Name:** _____

Department _____ **Office Extension:** _____

Will expenses be claimed? _____ **Account number** _____

The above named faculty member would like to request approval to be off campus as follows:

Days & Dates: _____ **Location (organization and/or activity name, city & state):** _____

Purpose of Absence (be specific)

My university obligations will be met as follows (be specific; list each class and/or other assignments missed and what arrangements have been made). If classes or other duties will not be missed, write "No classes or duties missed" in the space provided below.

Type of leave requested (check one): Please refer to Human Resources Office for specifics and see also <http://www.uwsa.edu/hr/benefits/uben.pdf>.

- **Professional Absence** (Conference attendance, delivering a presentation or performance, supervision of student teachers, etc.)
- **Sick Leave/Funeral Leave** (includes personal illness, injury, disability, pregnancy, adoption, immediate family care, death of immediate family member) _____

(Note: HR must receive copy if using FMLA or WFMLA)

- **Military Leave** (up to 30 days per calendar year for duty or training of 3 days or more)
- **Leave of Absence** (Refer to Chapter 8.1.3 and 8.1.5 of the Unclassified Staff Handbook)
- **Jury Duty**
- **Other** _____

Faculty/Staff Member's Signature: _____ **Date:** _____

DEPARTMENT **APPROVED** **DISAPPROVED (check one)**

Chair/Supervisor Signature: _____ **Date:** _____

Reasons for disapproval: _____