Request for Academic Leave of Absence  
(1 - 7 calendar days)

Note: This form is to be submitted prior to leaving campus. If leave is 8 – 30 calendar days, a UPAY 573 form must be submitted for approval by the Dean’s Office a minimum three weeks prior to leave. You should carry a copy of the approved UPAY 573 form during your absence.

To (Department Chair): ________________________________

From: ______________________________________________________________________________________

Period of Leave: From: ___________________ To: ______________________

Reason for Leave: ______________________________________________________________________________
______________________________________________________________________________________________

Destination: ________________________________________________________________________________

* Person Responsible in my Absence: ________________________________________________________________________________

Phone Number: _______________ Cell/Emergency Only: __________________

Email: ____________________________ Responsible Person’s Initials: _______

* Copy of this form to be placed in safety binder in lab and initialed by person responsible.