

DAWSON COLLEGE

REQUEST FOR LEAVE OF ABSENCE

LEAVES WILL NOT BE APPROVED UNLESS ALL OF THE NECESSARY INFORMATION IS COMPLETED. IT IS THE TEACHER'S RESPONSIBILITY TO ENSURE THAT THIS FORM IS PROPERLY FILLED OUT AND REACHES THE ADMINISTRATIVE SERVICES DEPARTMENT PRIOR TO THE APPLICATION DEADLINE.

NAME: _____ DEPARTMENT: _____
(print)

ADDRESS: _____ TELEPHONE: _____
_____ (home)

_____ (office)

TYPE OF LEAVE

- PERSONAL LEAVE
- PROFESSIONAL DEVELOPMENT
- PARENTAL RESPONSIBILITY

LEAVE DEADLINES

FOR THE YEAR: APRIL 15
FOR THE FALL SEMESTER: APRIL 15
FOR THE WINTER SEMESTER: OCTOBER 15

REASON FOR LEAVE

Will you be employed elsewhere during the leave? Yes No

LEAVE TIME REQUESTED

(Please *indicate* the choice of *leave*)

- FALL SEMESTER
- 100% FALL

- WINTER SEMESTER
- 100% WINTER

OR (if less than 100%)
Number of sections of leave requested _____
Number of teaching hours per week
of leave requested _____

OR (if less than 100%)
Number of sections of leave requested _____
Number of teaching hours per week
of leave requested _____

Signature: _____ Date: _____

White/Personnel

Yellow/Dean

Pink/Teacher

Gold/Department