## LEAVE OF ABSENCE REQUEST FORM

## Long-Term Leave (Sabbatical, Extended Leave of Absence, etc. See descriptions in the Faculty Policies Handbook)

	would like to request permission	n to be absent from the university for the
Faculty Member's Name	would like to request permission	to be absent from the university for the
eriod of time from	to	,
or a (check one):		
abbatical Leave   Medical Leave  ersonal Leave	Professional Leave  Maternity/Parental Leave	Release from Instruction  Tenure Track Associate Professor Leave
	nch a separate memorandum describing ruction and research leaves):	s scholarly/design activities for
Faculty Member's Signature	Date	
Please email this form, togeth	er with your brief memo, to your Departı	ment Chair, with copy to <u>pamela baldwin@harvard.e</u>
are replacement faculty need		ent:
are replacement faculty need yes, list specific courses and Approved by: Chair Department chairs, please em	ded? Yes No No dependent of the replacement of the signed form to pamela baldwin@	ent:  Date  Charvard.edu. Leave requests will be reviewed by the
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NOTE: Requests for long-term leaves, other than for medical reasons, should be made by January of the academic year preceding the academic year in which the leave will be taken. Faculty shall not assume leave is granted until receipt of a copy of this form with signatures of approval.