

College of Engineering Montana State University

DATE: _____

LEAVE FROM CAMPUS REQUEST FORM

Please submit this form in advance of any planned absence from campus. Any travel expense voucher which will be submitted as a result of this leave from campus must detail only those expenses associated with the University business described below.

Your Name (print): _____

I'll be off campus the following dates: _____

Purpose of Leave: _____ Annual Leave
_____ Sick Leave
_____ University Business (list meetings, etc., and corresponding dates)

_____ Consulting (If any consulting activities are planned during the leave, indicate the date(s) and location(s) of the planned consulting.)

_____ Other (please describe)

During this time I can be located at (address & phone number):

I will miss the following classes: _____

The following arrangements have been made for my absence:

Requester's Signature

Date

Dept. Head Signature

Date

Dean's Signature

Date