

Department of Sports Education Leadership Approved Leave and Course Coverage Form

Travel Information

Name of Traveler _____ Date of Request _____

Destination _____

Departure date and time _____

Return date and time _____

Hotel name, address, and phone _____

Alternative phone number where you can be reached while on your trip _____

Course Coverage Information

| Course Number and Title | Meeting Time and Days | Meeting Location | Dates Course will be Covered | Name and phone number of person covering course | Description of Course Coverage Plan |
|-------------------------|-----------------------|------------------|------------------------------|-------------------------------------------------|-------------------------------------|
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This leave has been approved.

Signature of Department Chair

Date

Note: Leave form must be completed at least one week prior to leave. Faculty must have a signed copy of this form which shall signify approval prior to departure.