

# Midwestern State University

## Faculty Application for Leave of Absence

*Use for personal (emergency/sick) leave or unfunded university business per MSU Policy OP 06.05.  
Submit form to your supervisor well in advance of proposed starting date of leave.*

**NAME:**

**DATE:**

**DEPARTMENT:**

**PERIOD OF LEAVE FROM:**

**THROUGH:**

**Purpose of leave and other pertinent data supporting application:**

**University duties are to be cared for by the following persons:**

*(List each class separately and indicate name of substitute instructor)*

<i>Name of Class</i>	<i>Substitute</i>

**Signature of Applicant:**

**Date:**

**Approved by Department Chair:**

**Date:**

**Approved by Dean:**

**Date:**

**Approved by Provost:**

**Date:**