SCIENCE TEACHING FELLOWS
REQUEST FOR LEAVE

Name: _____

Dates of requested leave: _____

Reason for leave request: _____

Plan to make up time missed during leave: _____

Signature of Teaching Fellow: _____
Date

Signature of Laboratory Director: _____
Date

Signature of Program Coordinator: _____
Date

Signature of Principal Investigator: _____
Date

This form must be submitted one week in advance, unless it is for an emergency situation.