

**TEXAS COLLEGE**  
**Faculty Leave of Absence Form**

To: Vice President of Academic Affairs

From: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Division: \_\_\_\_\_

Leave of absence request for: (Date) \_\_\_\_\_ (Time) \_\_\_\_\_  
Returning to campus: (Date) \_\_\_\_\_ (Time) \_\_\_\_\_

Destination: \_\_\_\_\_

Reason for leaving campus: \_\_\_\_\_

Do you have an official assignment at this meeting? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you hold membership in this organization? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you expect the College to underwrite this trip? YES \_\_\_\_\_ NO \_\_\_\_\_

If **YES**, attach the College **Travel Request Form** with documentation.

Will students and/or staff travel with you? YES \_\_\_\_\_ NO \_\_\_\_\_

If **YES**, list students and staff and attach to **Travel Request Form**.

Mode of travel provided by: School \* \_\_\_\_\_ Personal \_\_\_\_\_ Other \_\_\_\_\_

\* Attach **College Vehicle Request Form** ((7 days advance notice preferred)

**Substitute for my classes, etc. will be:**

Assignment	Day and Hour	Instructor
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employee's Signature: \_\_\_\_\_

Approval of Division Chair: \_\_\_\_\_

Approval of Vice President of Academic Affairs: \_\_\_\_\_