

PERSONAL LEAVE/TRAVEL DURING ON-DUTY PERIOD TO TEACHING ASSISTANTS (TA)
Department of Biology

Name: _____ Course: _____

Dates of Leave/Travel: _____

Reason:

How will your duties be covered during the period of your leave?

Approved

Disapproved

Course Instructor's Signature

Date

Chair's Signature

Date

To be used by the Biology Department Teaching Assistants only.

Distribution: Original – Chair
Copy – Personnel File