UNIVERSITY OF NORTH TEXAS

TA/TF APPLICATION FOR APPROVAL OF LEAVE or ABSENCE

This form must be submitted and approved two weeks in advance for leaves and other absences from duty.

DATE: ________________________  Student ID: ________________________

NAME: ___________________________________________ Major Professor: ________________________

E-mail Address: ________________________  Cell Phone: ________________________

Dates of Leave or Absence

From: ________________  To: ________________

Total Leave Time: ___________________ (specific hours or days)

Reason for Leave or Absence: ______________________________________

Explanation of how your duties (class, meetings, etc.) will be covered in your absence.

I hereby certify that the above statements are true and correct.

TA/TF Signature ________________________________________________

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1. Approved ____  Disapproved ____  Piano Coordinator ____________________________  (Date)

-OR-

2. Approved ____  Disapproved ____  Keyboard Skills Coordinator ________________________  (Date)

3. Approved ____  Disapproved ____  Division Chair ________________________________  (Date)

Explanation if Disapproved:

________________________________________________________________________

Original to Division Administrative Assistant.  Copies to Piano or Keyboard Coordinator and Chair (if necessary).