

## FACULTY LEAVE REQUEST

Please fill in form, print and submit to Dept. offices, or save and e-mail to [thure.cerling@utah.edu](mailto:thure.cerling@utah.edu) for approval.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date(s) to be away from Campus:**

From \_\_\_\_\_ to \_\_\_\_\_

**Purpose:**

**Class arrangements provided:**

**Contact numbers:**

Evening \_\_\_\_\_

Daytime \_\_\_\_\_

Name of cognizant individual. \_\_\_\_\_

Cognizant Individual's daytime number (if not home number) \_\_\_\_\_

**Chair's Approval:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Thure E. Cerling, Chair  
Department of Geology and Geophysics