



Leave Accommodation Form for Faculty

- 1. Name of faculty member: _____
- 2. Faculty rank: _____
- 3. Department(s) and program(s) affected: _____

	DEPARTMENT ACCOMMODATION
Teaching: list individual courses, labs, studios, etc.	
Supervision: of graduate and/or undergraduate students	
Advising: Major(s) and non-major(s)	
Service: list individual committee membership(s)	
Other	

Faculty member's signature: _____

Department chair's signature: _____