



Faculty TDL/FML Approval

Faculty Member's Name _____

Department _____

Beginning date of leave _____

Ending date of leave _____

Department chair's optional comments regarding this absence, such as how duties will be covered by other faculty members during this time. Please protect your faculty member's privacy by keeping your comments in line with HIPAA regulations:

Department chair's signature _____

Chair Routing: Send HR Request for Family and Medical Leave form and this form to Dr. Lisa Collins attached to email. Dr. Collins will coordinate getting the Dean's approval.

Dean's signature _____

Internal use:
-leave request entered in the FDB _____
-paper copy placed in confidential file _____
-paper copy mailed to Provost's Office _____

Provost's Approval and Signature

Date _____