

MSE Request Form for Professional Development/Special Research Leave

(7 calendar days or less)

Note: This form is to be submitted prior to leaving campus. If leave is 8 – 30 calendar days, an on-line UPAY 573 form:

<https://academicaffairs.ucdavis.edu/FormsOnLine/Forms.cfm>

must be submitted for approval by the Dean's Office a minimum three weeks prior to leave.

Name: _____

Title: _____

Period of Leave: From: _____ To: _____

Reason for Leave: _____

Destination: _____

Disposition of Teaching Responsibilities:

Course(s) taught: _____

Will class meetings take place in your absence? Yes No

If Yes, who will be the instructor: _____

Will make-up class(es) be scheduled? Yes No

*Person responsible in my absence for lab safety: _____

Phone Number: _____ Cell/Emergency Only: _____

Email: _____ Responsible Person's Initials: _____

Approval: Jeffery Gibeling, Chair _____

Signature

***Copy of this form to be placed in safety binder in lab and initialed by person responsible.**