

The University of Texas at San Antonio
FACULTY REQUEST FOR LEAVE

Name: _____ Date: _____

Title: _____

College: _____ Department _____

Request for Leave Without Pay (LWOP) (Funding NOT administered through the University)

Percent Time _____ Period of Request _____

Request for Leave From the Instructional Budget (Release Time) (Funding administered through the University)

Percent Time _____ Period of Request _____

1.a. Source(s) of stipend while on leave (Include percent time funded by each source):

b. Has funding been approved? _____

2.a. Activities while on leave, including project title where appropriate (Reason for leave request):

b. Where will individual be working?

3. Why is leave in the best interest of the University?
 (How will the leave improve the individual's teaching and scholarship?)

4.a. Length of service at UTSA:

b. Dates of previous leaves:

5. What arrangements are being made to staff classes that the individual is/was scheduled to teach during the period of leave?

Requester	Date
Department Chair	Date
Dean	Date
Vice Provost Academic & Faculty Support	Date
Provost	Date

Copies to: Provost - Vice Provost for Academic & Faculty Support – Deans – Departments