

UNIVERSITY OF MARYLAND  
SCHOOL OF PHARMACY  
DEPARTMENT OF PHARMACY PRACTICE AND SCIENCE

FACULTY & STAFF LEAVE/TRAVEL REQUEST FORM

NAME

DATE OF APPLICATION

DATES (inclusive) REQUESTED \_\_\_\_\_ to \_\_\_\_\_  
ACTION REQUESTED

- \_\_\_\_\_ ANNUAL LEAVE
- \_\_\_\_\_ PERSONAL LEAVE
- \_\_\_\_\_ SICK LEAVE
- \_\_\_\_\_ JURY DUTY
- \_\_\_\_\_ CONSULTING

COMPANY OR AGENCY:

DESCRIPTION OF ACTIVITY\*:

\_\_\_\_\_ TRAVEL (explain)

\_\_\_\_\_  
PURPOSE OF TRIP:

SUPERVISOR ACTION

\_\_\_\_\_ APPROVED

DATE

\_\_\_\_\_ DISAPPROVED

DEPARTMENT CHAIRMAN SIGNATURE

\*Must Conform to UMAB Consulting Policy  
1/95;GED