

**UNIVERSITY OF MARYLAND
SCHOOL OF PHARMACY
DEPARTMENT OF PHARMACEUTICAL SCIENCES**

FACULTY & STAFF LEAVE/TRAVEL REQUEST FORM

NAME: _____

DATE OF APPLICATION: _____

ACTION REQUESTED (Check below)

**OPTIONAL : Please leave a telephone
number where you can be reached.**

ANNUAL LEAVE

PERSONAL LEAVE

SICK LEAVE

JURY DUTY

SCHOOL RELATED TRAVEL

OTHER (Explain)

DATES REQUESTED: _____ TO: _____

Purpose of Trip: _____

SUPERVISOR'S ACTION

APPROVED

DISAPPROVED

SUPERVISOR'S SIGNATURE _____