

Request for Vacation Time

| TRAVELER AND DEPARTMENT INFORMATION | |
|-------------------------------------|-----------------------------|
| Graduate Student Name: | |
| Advisor: | |
| <input type="checkbox"/> TA | <input type="checkbox"/> RA |
| Email: | Phone Number: |
| Date of Request: | |

| TRIP INFORMATION | |
|---|--------------|
| If vacation extends beyond two weeks, state reason why: | |
| | |
| Departure Date: | Return Date: |
| Destinations(s): | |

For TAs only:

The requesting student and the TA supervisor have agreed upon a plan of action for the student to complete any missed work and/or to ensure the student's teaching sections have a replacement.

TA Supervisor: _____

Date: _____

Graduate Student: _____

Date: _____

Approval Signatures

Advisor: _____

Date: _____

Department Chair: _____

Date: _____

| Department Use Only | |
|-----------------------------|--------------------------------|
| Date of check in: _____ | # of vacation days used: _____ |
| Department Signature: _____ | |