



**PATHOLOGY AND LAB MEDICINE  
FACULTY LEAVE REQUEST FORM**

NAME: \_\_\_\_\_

Dates Away From UCLA: \_\_\_\_\_

Date Returning to UCLA: \_\_\_\_\_

Total # of Leave Days Away: \_\_\_\_\_

**VACATION**

**CONFERENCE**

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Invited Speaker:  Y  N

**OUTSIDE PROFESSIONAL ACTIVITY**

Describe: \_\_\_\_\_

**SICK LEAVE**

**# Days Away if Trip Covers Multiple Categories**

Vacation: \_\_\_\_\_ Conference: \_\_\_\_\_ Outside Activity: \_\_\_\_\_ Sick: \_\_\_\_\_

**BACK-UP IN MY ABSENCE:**

Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_