

THE UNIVERSITY OF MICHIGAN SCHOOL OF MUSIC, THEATRE & DANCE
Request for Approval of a Short-Term Travel Leave of Absence

Instructions:

1. *Use a new form for each request for absence approval.* THE FORM MUST BE FILLED OUT IN FULL. If you are submitting several requests at once, you only need to fill out and sign the top portion of the first form and staple the rest of the forms thereto.
2. Normally, the maximum number of days of absence permitted during one term will be 15 weekdays during the entire term (i.e., from the first day of registration to the last day of the exam period). Please seek permission in advance before making commitments that will require absence of more than a total of 15 days in a term.
3. If the total days of absence exceed 15 for the term, please attach a statement justifying all of the activities on the grounds of: (1) their distinctive contributions to your record of creative and professional activities and/or (2) their anticipated contributions to the recruitment of highly talented students to the School of Music. Also indicate what provisions are being made to cover the classes or lessons you will miss. In studio instruction, it is expected that each student will receive at least 12 lessons during the term.
4. Submit this form to your Division Head/Department Chair, who will forward it to the Dean.
5. **IMPORTANT:** You may also submit this form for approval of absence when the School of Music is not in session or when you are not teaching. If your travel is approved in advance by the Dean as official University business, you will be protected automatically under the worker's compensation and travel accident programs.

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|--|------------------------------------|
| Name of Faculty Member (please print clearly) | Signature of Faculty Member |
| Name of Chair/Division Head | Department |

PLEASE NOTE AUDITION DATES ON THE REVERSE SIDE AND AVOID ALL CONFLICTS

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|--|------------------------|--|--|---|-----------|--|------------|-----------|
| Date of Departure? | Date of Return? | Number of weekdays you will miss? | Number of classes you will miss? | | | | | |
| How will your classes be covered? | | | | | | | | |
| City, state, institution, and phone number in the USA or other country where you will be located. | | | | | | | | |
| City: _____ | | | | | | | | |
| State: _____ Country: _____ | | | | | | | | |
| Institution: _____ | | | | | | | | |
| Phone Number (for emergency purposes only): _____ | | | | | | | | |
| Activity Description and Your Responsibilities: | | | | | | | | |
| | | | | | | | | |
| Will You Receive Remuneration? | Yes | No | Approval Requested for U of M Business? | Yes | No | Approval Requested for Personal Business? | Yes | No |
| CHAIR OR DIVISION HEAD: If you APPROVE this request, please initial and date below. | | | | CHAIR OR DIVISION HEAD: If you do NOT APPROVE this request, please initial and date below. | | | | |
| _____ | | | | _____ | | | | |
| <i>Signature of Chair</i> | | | | <i>Signature of Chair</i> | | | | |
| _____ | | | | _____ | | | | |
| <i>Date</i> | | | | <i>Date</i> | | | | |
| DEAN: If you APPROVE this request, please initial and date below. | | | | DEAN: If you do NOT APPROVE this request, please initial and date below. | | | | |
| _____ | | | | _____ | | | | |
| <i>Signature of Dean</i> | | | | <i>Signature of Dean</i> | | | | |
| _____ | | | | _____ | | | | |
| <i>Date</i> | | | | <i>Date</i> | | | | |

TOTAL WEEKDAYS FOR THE TERM: _____ **TOTAL WEEKDAYS FOR THE YEAR:** _____

cc: Admissions Chair/Division Head Faculty Member Faculty/Staff Records Piano Technology