

**UNIVERSITY OF CALIFORNIA
DEPARTMENT OF MECHANICAL ENGINEERING**

REQUEST FOR APPROVAL OF LEAVE OF ABSENCE
FOR PERIOD OF 7 DAYS, OR LESS, WITH FULL PAY

TO: Professor A. P. Pisano, Chair, Department of Mechanical Engineering

Leave of absence with full pay is requested for the period including:

_____ to _____

Purpose: _____

If necessary, I may be reached at: _____

The following arrangements have been made in connection with my regular duties:

COURSE	MEETING TIME	TO BE TAUGHT BY
_____	_____	_____
_____	_____	_____

STUDENT ACADEMIC ADVISING:

Undergraduate _____ Graduate _____ To be Done By: _____

Departmental Policies:

- Arrangements must be made for both class meetings and undergraduate advising at all times.
- Undergraduate class meetings cannot be rescheduled.
- As a rule, the teaching duties should be performed by another faculty. On occasion, the faculty can be substituted by a qualified postdoc or an exceptionally-qualified graduate student.

With my signature, I certify that I have read and understood these policies.

Signature

Please Print Name

APPROVED:

1. _____
Michael Frenklach, Vice-Chair Instruction

2. _____
A. P. Pisano, Department Chair