



FLORIDA STATE UNIVERSITY
PANAMA CITY

FACULTY LEAVE REQUEST

Faculty Name: _____

Type of leave requested

Annual:

Date(s) requested: _____

Total annual leave hour requested: _____

Sick:

Date(s) requested: _____

Total sick leave hours requested: _____

Will scheduled office hours be affected: Yes No

Will classroom time be affected: Yes No

(If yes, plan for remediation should be provided in comment box below)

Additional Comments:

NOTE: If class time or office hours are affected, please notify faculty support so that they can answer any questions from students. This can be done via email to pc_facsupp@pc.fsu.edu.

Faculty signature _____