

Academic Advisor Leave Approval Sheet

Note: Please fill out this form completely and obtain the necessary signatures before taking leave. This document is formatted for printing and physical archiving.

1. Advisor Information

Advisor Full Name:

Employee ID:

Department/Unit:

Email Address:

2. Leave Request Details

Type of Leave (e.g., Annual, Sick, Personal):

Leave Start Date (MM/DD/YYYY):

Leave End Date (MM/DD/YYYY):

Total Working Days Absent:

Reason for Leave:

3. Coverage and Handover Plan

Specify the designated academic advisor who will cover your student caseload during your absence.

Designated Covering Advisor:

Key Coverage Instructions / Urgent Contacts:

4. Acknowledgement and Signatures

By signing below, the advisor and administration agree to the terms of the requested leave and the coverage plan outlined above.

Role	Signature (Physical/Digital)	Date
Requesting Advisor	<input type="text"/>	<input type="text"/>
Covering Advisor	<input type="text"/>	<input type="text"/>
Department Chair / Supervisor	<input type="text"/>	<input type="text"/>
Dean or HR Representative	<input type="text"/>	<input type="text"/>