

## Union College Course Coverage Plan

### INSTRUCTIONS

Faculty applicant to complete Sections A and B, then forward to department Chair.  
Department Chair to complete Section C.

#### **A. GENERAL INFORMATION** (to be completed by the faculty applicant)

<b>Today's Date:</b>	
<b>Faculty Name:</b>	
<b>Grant Program:</b>	
<b>Proposed Start:</b>	
<b>Proposed End:</b>	

#### **B. DESCRIPTION OF LEAVE** (to be completed by the faculty applicant)

Provide a description of the impact of the leave (academic year period, terms, expected amount of course equivalents, etc.):

#### **C. COVERAGE PLAN** (to be completed by the Department Chair)

Provide a description of the impact of the proposed leave and the department's plans for course coverage if the faculty applicant is awarded a grant/fellowship requiring leave:

<b>Dept. Chair Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	

Please return completed form to Nicole Tama, Carriage House,  
or scan as PDF and email to [taman@union.edu](mailto:taman@union.edu)