



Graduate Fellow Request for Leave

Name (Last, First) _____

Date(s) Requested _____

Reason for leave _____

Estimated classroom hours missed _____ Additional hours missed _____

What InSTEP related meetings/activities will be missed? _____

How will you make-up the classroom hours missed during your absence? _____

*Attach travel itinerary, meeting/conference registration, abstract, or other supporting materials.
Please submit to the InSTEP Program Director at least 4 weeks in advance of the requested
leave period.*

GTF Signature

Partner Teacher Signature

Date: _____

Date: _____

For office use

Date submitted: _____

Leave granted/denied _____

cc: Graduate Fellow, Partner Teacher, File