

**HOFSTRA UNIVERSITY**  
**FULL-TIME FACULTY GENERAL LEAVE FORM**

Name:  Hofstra ID:

Department:  Rank:

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Number of Semester Hours of

**Leave Period**

Semester:  Academic Year:

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Chairperson's Signature: \_\_\_\_\_ Date:

Dean's Signature: \_\_\_\_\_ Date:

Position:  Suffix:

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Provost's Office Budget Review: \_\_\_\_\_ Date:

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Provost's Signature: \_\_\_\_\_ Date:

**Note:** This is a cover form. Required materials include letters from Chair and Dean.  
Please see Hofstra University for required documentation.