

# Faculty - 'Ugt xleg'ej cpi g' '.....'cpf Off Service Request Form

---

Faculty Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Ngcxg'tgs wguv  Qhleg'ugtxleg'tgs wguv

Date of Request: \_\_\_\_\_

Date(s) of Leave: \_\_\_\_\_

**Kil'Uej gf wq'ej cpi g.'pco g'v'j g't gt uqp'y j q'j cu'ci tggf 'vq'eqxgt 'hqt '{ qw0**

\_\_\_\_\_

**Kifgcxg't gs wguv'T gcuqp'hqt 'fgcxg:**

**NGCXG'TGS WGUUVUO WUV'DG'O CF G'QP 'VJ KUHQTO 'CPF 'R' 'VJ G'WW'VKO G'O CPI GO GPV'U UVGO**

- Vacation  University Approved Travel
- Sick Leave
- Other Specify \*gcej kpi .'tgugctej .'gve+'RGP F R I 'CRRTQXCN: \_\_\_\_\_

**Go gti gpe{ 'eqpcev'kphqt o cvkqp<**  
 .....

**J qy 'ep'f qw'dg'tgcej gf 'lp'ecug'qhlcp'go gti gpe{ 'f wt kpi '{ qwt 'vlo g'qth**

..... EgmRj qpg  Rci gt

**Please email the completed form to Bheravi Patel ([Bheravi.Patel@uth.tmc.edu](mailto:Bheravi.Patel@uth.tmc.edu)) and Dr. Thomas at [Jaiyeola.O.ThomasOgunniyi@uth.tmc.edu](mailto:Jaiyeola.O.ThomasOgunniyi@uth.tmc.edu)**