

**HOFSTRA UNIVERSITY
LAW FULL-TIME FACULTY VISITING LEAVE FORM**

VISITING SCHOOL:

SALARY:

LEAVE PERIOD: SEMESTER

ACADEMIC YEAR

VISITING SALARY DIFFERENT FROM HOFSTRA SALARY Y/N

CHAIR'S SIGNATURE _____ DATE _____

DEAN'S SIGNATURE _____ DATE _____

PROVOST'S OFFICE BUDGET REVIEW _____ DATE _____

PROVOST'S SIGNATURE _____ DATE _____

PRESIDENT'S SIGNATURE _____ DATE _____

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