

HOFSTRA UNIVERSITY
LAW FULL-TIME FACULTY VISITING LEAVE FORM

NAME:

ID:

DEPARTMENT:

RANK:

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_____

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