Faculty Name:	Dept:	D <u>ate:</u>
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 $7\,\text{KH} \,\,\%\,\text{RDUG}\,\,\text{RI}\,\,7\,\text{UXVWHHV}\,\,\text{I}\,\,6\,\text{WDWHPHQW}\,\,\text{RI}\,\,3\,\text{ROLF}\,\,\text{RQ}\,\,\,0\,\text{XOW}\,\,\text{lens}\,\,\text{OH}\,\,3\,$ during the annual leave period in the summer to a maximum of three-QLQWKV RI WKH IDFXOW\ P order to ensure compliance with this limitation, the faculty member must complete this form and submit it to his/her