



Leave Form for Faculty on Cornish Business

Faculty Performing Cornish Business:

FACULTY NAME _____

COURSE _____

DATE(S) _____
(please list individual dates)

HOURS _____

Description of Cornish business: _____

Faculty Signature

Date

Faculty Replacement:

NAME _____

SSN (last five digits) _____

Please circle one: Core Faculty Ranked Adjunct Faculty Adjunct Instructor Outside Replacement*

COMMENTS _____

Department Chair Signature

Date

Replacement Faculty Signature

Date

Provost Signature

Date

***Substitutes who are not in the employee database must contact HR at 726-5082 to schedule a time to complete new hire paperwork and provide proof of eligibility to work in the U.S. prior to working.**